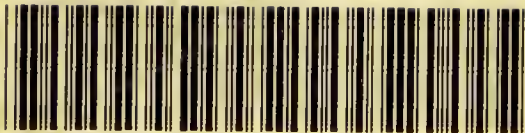



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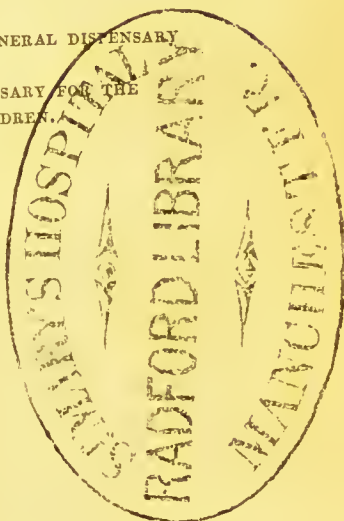
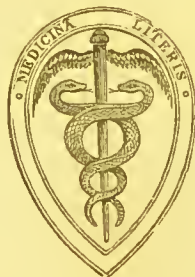
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ON THE
PRESERVATION
OF THE
HEALTH OF WOMEN
AT THE
Critical Periods of Life.

ON THE
PRESERVATION
OF THE
HEALTH OF WOMEN
AT THE
Critical Periods of Life.

BY
E. J. TILT, M.D.

SENIOR PHYSICIAN TO THE FARRINGTON GENERAL DISPENSARY
AND LYING-IN CHARITY,
AND TO THE PADDINGTON FREE DISPENSARY FOR THE
DISEASES OF WOMEN AND CHILDREN.



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DEDICATION.

To whom can I so appropriately inscribe a little work on the Preservation of the Health of Woman as to her whose health is to me dearer than all earthly blessings? Still, I have an additional motive for doing so, in the pleasure of acknowledging, that to her sound judgment and maternal solicitude I owe much of the wholesome advice offered in its pages relative to the education of the female sex.

Accept then, my dear Wife, the Dedication of this little volume as a token of that regard which, plighted early in life, has stood the test of years, and is fearless of diminution.

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P R E F A C E.

THOSE who have been engaged, for many years, in any important inquiry, will remember the feelings of despondency, with which, at times, they view a vast amount of accumulated materials; for it seems as if no human power could infuse life into such a chaotic heap of notes and cases, memoranda and extracts, on papers of all sizes and colours, and in writing difficult sometimes for even the writer to decipher. They must have also felt the fruitlessness of the attempt to work up, at first, all their precious materials to the level of conceived perfection, and have therefore been induced, sometimes to preface the appearance of a greater work by one of smaller pretensions—a statue rough hewn, to be afterwards perfected.

For some length of time I have been occupied in collecting observations relative to the *natural history* of the functions peculiar to women—convinced that a more minute investigation into the phenomena of the healthy performance of these functions, would throw light on

the causes of disease, and promote their prevention and cure.

To possess a value recognised by all, such an inquiry must comprise so vast an amount of personal observations, that I feel many more years must elapse ere I shall be able to bring forth a work worthy of the importance of the subject; and as I cannot yet produce an *opus magnum*, I am anxious now to halt a little while, so as to throw life into some of the materials I have patiently collected, in order to ascertain what results I have already obtained; to learn whether I can improve on the plan adopted for the accomplishment of a great object; and to derive advantage from the criticism of those, who, like myself, are in search of truth.

In a former work,* written principally to vindicate the influence of the morbid conditions of the ovaries in producing diseases of menstruation, I repeatedly sought to prove that much of the permanent but avoidable suffering to which women are liable depends upon their health being neglected at the menstrual periods:—a position which is supported in the present work by an extensive statistical inquiry. It was begun, I confess, to further my own scientific objects, and I am not ashamed of owning the real motive; but the value of

* On the Diseases of Menstruation and Ovarian Inflammation, in connexion with Sterility, Pelvic Tumors, and Affections of the Womb. By Edward John Tilt, M.D. London: Churchill. 1850.

the investigation in its bearings on practice did not fail to strike me.

Keenly alive, however, to the folly of raising a vast theoretical scaffolding on the substructure of two or three cases, which may be quite exceptional, I do not propose the statistical results already obtained as *laws*. It is true that results must be deduced from several thousand cases at least, to be deserving of a name generally misapplied by medical writers ; but it is also true that some value must be ascribed to deductions drawn from a careful inquiry into the different modes of the healthy performance of the *menstrual* function in nearly one thousand women, and this must be my excuse for deeming the present work worthy of attentive perusal.

As it is not a treatise, but an essay, embodying my own cases, observations, and deliberations, I trust the reader will not misinterpret my often omitting to cite the names of numerous authors relative to the topics under discussion ; but I have cited them when investigating the pathology and treatment of diseases at the change of life, because the study of the diseases of this critical epoch is a yet unexplored field for medical inquiry. In the outline of this too much neglected department of pathology, I think I have advanced one step farther than previous authors, and I trust that the rules of regimen and treatment which have been carefully laid down, will be of some use to others in

the management of a most pertinacious class of complaints.

The plan of this work was suggested by the nature of the subject, by the schedule which I have had printed for my own use in order to facilitate the inquiry; and if it were worth while marking the *punctum saliens* of so unassuming an undertaking, I might say that more than once having been asked by mothers for some advice relative to the education of their daughters in a medical point of view, I was compelled carefully to set down my views.

The great importance of the subject made me believe that my experience might afford some hints valuable to others; I therefore published in the *Provincial Medical and Surgical Journal* a series of papers "On the Right Management of Women before, during, and after the cessation of Menstruation;" and the flattering notice they received became an additional inducement for carefully reconsidering the subject, and for publishing this opusculc. To me it is a spring-board for the acquirement of greater knowledge, and to those of the profession who have time and disposition for meditation, I think it will be eminently suggestive. What, however, is of more importance to us all, is the fact of its being stamped, from beginning to end, with practical utility; being destined, of course, to improve the treatment of the diseases of women, but more particularly to

prevent them—a subject on which medical literature is poor indeed.

I have placed the most valuable points of medical advice as aphorisms, in order more forcibly to strike the attention of medical men, to facilitate their retention, and thus to increase the chance of their being diffused to those placed within the sphere of their professional influence.

E. J. T.

8, *York Street, Portman Square.*

July 10th, 1851.

INTRODUCTION.

IT has been so frequently admitted as an axiom, that on the right education of youth depends the peace of families, the prosperity of states, and the progress of humanity, that it would be only a truism to say the same of the education of girls; and yet, were I to ask whether we have been as skilful in improving the human race as we have been in developing the instincts of animals, and in endeavouring to appropriate their capabilities to our advantage, no one would presume to answer—Yes! It would seem as if we thought that the art of educating man had long ago been brought to perfection, for, with but slight differences, the child is tutored as was his grandfather, notwithstanding the change of time, the alteration of circumstances, and the boasted advance of civilization.

It is the wish of the medical philosopher, as well as the fond desire of a parent, to see girls attain to the perfection of womanhood, to find them blest with a sound understanding, a clear intellect, and a moral principle of action, rendering them capable of those sacrifices so often required of women. These three component parts of human nature have proceeded by gradual degrees from infancy to puberty; but their full development depends upon the influence and the right

direction of the hitherto dormant system of reproduction. By this mysterious intervention does the body acquire beauty, the mind solidity, and the heart its fullest scope of power; for as nothing is contrived without an end, the strongest manifestations of the instincts natural to man coincide with the development of the organs which influence their energy, prompt their course, and satisfy their desires. If this intervention be not sufficiently strong, nutrition is badly performed, and the skin often becomes coloured with the pale yellow, and green tints of ehlorosis. If, on the other hand, it be too strong, the emotional powers may be wasted in eccentricities of temper, or frittered away in hysterics.

The task of maturing the body, as well as the mind and the affections of the female child, so as to ensure health, is a sacred duty which devolves almost exclusively on the mother, and therefore it is incumbent on her to have correct notions relative to the function of menstruation, *the proper management of which is the only sure foundation of the health of woman.* The ignorance of mothers relative to this portion of their duty is only equalled by the supineness with which it is tolerated by many of those who ought to guide and protect them. Far be it from my wish to diminish, even in the slightest degree, the strength of that true feeling of delicacy, which, throwing a veil over the least noble of our necessities, gives so great a charm to the relations of society. It is the boast of English women that they are particularly endowed with that feeling of delicacy, and may its strength never be impaired by our intercourse with foreign nations! but as it would be a false delicacy for a woman in her hour of peril not to claim the assistance of a man of talent to save the life of herself and her child, so it would also be false delicacy in

medical men not to freely impart to women that information which is necessary for their health and happiness.

It is not my intention to write a treatise on education, but being firmly convinced that many of the most serious diseases incident to women are caused by the bad management of girls at this first critical period of life, I shall proceed to embody the advice I have been frequently requested to give, with the view of awakening the attention of the profession to a subject of so much importance.

The ignorance of what is necessary for the health of women, and the apathy of the profession in seeking to remove this ignorance, is shown by the experience of all those who are much in the habit of treating the diseases of females, and we shall therefore give some illustrations of this ignorance at puberty, during the continuance of the function of menstruation, and at its cessation.

During the stage of puberal development, nature is for some time attempting to inaugurate a most important function, and those efforts which should be assisted, are often frustrated by girls themselves, who, taken by surprise, are either in total ignorance or are insufficiently prepared to adopt such means as will favour its establishment, and ensure its due reappearance. If mothers, independently of professional assistance, are, from ignorance, unprepared to give their daughters advice at this period, or if they withhold it from mistaken notions of delicacy, the most serious consequences may ensue, as is obvious from the result of a statistical inquiry in which I have been long engaged, and deduced from the cases of nearly one thousand women. I find that twenty-five per cent. were unprepared for its appearance; thirteen girls out of the twenty-five were much

frightened, screamed, or went into hysterical fits; and six out of the thirteen thought themselves wounded, and washed with cold water. Of those frightened the flow was checked in seven instances, was never restored in three, and the general health of all was seriously impaired. Of those who washed with cold water, two succeeded in effectually suppressing the flow, which only reappeared after several years, and then at irregular intervals, and was never healthily established.*

It may be said, that it is only in the lower classes that girls are kept in darkness relative to what is of so much importance; but this is by no means the case. The same bad management equally prevails in the middle and the higher classes of society. Girls in affluent circumstances, and well educated, are, I know, often taken by surprise at the appearance of this function. Mothers, who in other respects act judiciously,

* The following passage, from a recent American writer, is so judicious, and so perfectly in harmony with my own experience, that it gives me pleasure to strengthen myself by so able a support:—"I wished to show you, that if you do not take wise care of the health of the growing females of a family committed to your care as physicians, you will have the pain to witness their early subjection to dangerous and fatal disorders, or else to see them—even after the pubertie phenomena shall have been all made manifest, and the age of puberty indeed past—suffering those derangements of the health which serve to render them useless to their friends, inefficient as the heads of families, and unfit to encounter and discharge the stern obligations and duties of life. Many are the examples I could cite from my memory of the persons who, even after being married for years, and after having been regularly menstrual, still continued to labour under the effects of a badly-passed puberty, showing these effects in an over-excitability of circulation, excessive nervous susceptibility, dysmenorrhœa—though regularly menstrual—sterility, and the impatience and discontent that necessarily wait on feeble health and disappointed expectations, some recovering completely under a careful treatment, and others falling into weakness, becoming at last victims of consumption, menorrhagia, or other disorders of which the foundations had been laid in an improperly-conducted physical and moral education."—C. D. MEIGS. *Diseases of Females*.

will not condescend so far to bow down to the infirmities of their nature, as to give the necessary advice to their daughters; and when the event happens, they are too often turned over to the management of an unmarried attendant. I have been even informed by several ladies presiding over large establishments of young ladies, that the pupils who are placed with them after the appearance of that function, have never been properly prepared for the event; that many are so ignorant of themselves, that it is extremely difficult to prevent their washing with cold water, in the endeavour to remove what they naturally view with feelings of disgust.

During the continuance of the function, menstruation is often interfered with by the injudicious administration of purgatives or forcing medicines, and not unfrequently do we find mothers who think that their daughters are fatally doomed to bear any amount of suffering, and a flow of the most weakening profusion, provided the infliction occur regularly every month. When called upon to prescribe, how often are we left in ignorance of an occurrence, the knowledge of which is so necessary to guide us in our treatment, should we by chance omit the important inquiry!

If at puberty, or during the persistence of menstruation, the diseases of this function are to be principally attributed to the ignorance or the prejudices of women, it seems to me, that the ailments and tedious infirmities to which they are liable, for a few years previous to and after the cessation of menstruation, are in a great measure owing to the indolence of the profession.

We know that such diseases are not, generally speaking, fatal, and that time may work their cure; and, instead of seriously setting about the study of their

pathology, we confine ourselves to giving some pill, or if too much pressed, to the prescribing of a *placebo*; whereas by a judicious combination of sanitary and therapeutical measures, this last critical epoch can be deprived of most of its tedious attendant infirmities. Having given particular attention to this subject, I may, perhaps, be permitted to observe, that it has seldom received from other authors the consideration it deserves; and if I have not been able to dispel all the darkness which elouds the subject, I have at least partially done so, and sown seeds which may bear better fruit in other hands.

My views as regards many of the fashionable pleasures of society may be considered Utopian by some of those who peruse my remarks; but I would beg them to reflect a little on their reply, should they be asked—"Are you quite satisfied with society as it is now constituted? Notwithstanding the advanced state of our civilization, do you not yearn for a progress towards a more natural, a more rational, state of things?" Not ineloquently has it been said,—“It is a mistake to confound, as is commonly done, civilization with over-refinement, as if they were identical. The noblest improvement of society which the hopes of the philanthropist anticipate, is a condition different from the so-called civilization of the present age. Over-refinement is the vice which stands in the opposite extreme to barbarism. In a state of barbarism the body is generally vigorous, but the mind is dormant. In one of over-refinement, the mind and body are alike vitiated. Instead of the body lending a healthful tone to the mind, the body and the mind are reciprocally the slave of each other. Whatever deranges the body dis-

turbs the mind, and the sensitive mind is not less frequently the cause of deranging the body."

I, for one, do hope for a better state of society, wherein a greater number of our fellow creatures may be participants in a larger amount of health and happiness than they have hitherto enjoyed; in my humble opinion we may all be instrumental in bringing about so desirable a consummation, and especially the members of the medical profession. Are we not consulted about man even before he is born? Are not we the first to receive his infant nakedness? We are further consulted as to his education; and when he attains to manhood, we become the confidants of his joys and of his frailties; nor, as he advances in life, are our advice and friendship less necessary. How many golden opportunities, then, are offered to us for dispensing the blessings of health and happiness, for improving, not only the individual health, but the health of nations, and for glorifying our Great Creator by adding to the beauty, the intelligence, and the moral rectitude of his chief work! How many golden opportunities are offered to us, and how many do we throw away, which must be answered for hereafter!

A Greek philosopher and physician had so just an appreciation of the nobility of his mission, that he called the physician "the hand of God,"—"Manus Dei."—Are we Christians to have a less exalted notion of our duties than the pagan Hierophilus, and if so, should we not prove it by our acts? But to return from a digression into which my feelings had impelled me, I shall conclude by suggesting to fellow-labourers in a common field, that they can confer lasting benefits on society, by seeking opportunities of giving good

counsel to women relative to a function, on the healthy performance of which depends not only the health of the body, but the integrity of the mind; not only the integrity of the mind, but also the power of restraining natural instincts within their just limits.

CHAPTER I.

ON THE RIGHT MANAGEMENT OF YOUNG WOMEN BEFORE
THE FIRST APPEARANCE OF MENSTRUATION.

WHEN girls, however tender may be their age, suffer habitually from headache, and when this is accompanied by dizziness, heaviness, dulness of intellect, and a great tendency to sleep, it is most probable that menstruation is impending; particularly if these head symptoms coincide or alternate with pains in the back and lower limbs. Additional confirmation may also be found in the change which may be observed in a girl's character. If she no longer takes pleasure in the society of children, shuns companions of her own age, and finds in solitude charms hitherto unknown;—if, uneven in temper, she is, at times, as usual, cheerful and expansive—at others, cold, peevish, fretful, and even mischievous, atoning afterwards for these inconsistencies by the most fervent expressions of tenderness;—if her eyes shine with unwonted lustre in mixed society, having lost the innocent confiding expression of children, who boldly dive into the depths of other eyes, because they know not of dangers to be encountered there;—in fact, when woman has become unto herself a mystery, the medical attendant should lose no time in advising the mother not to let her daughter be taken unawares, but to prepare her to expect what is the common lot of her sex, so that

the first appearance of the menstrual flow may neither be arrested by the alarm naturally felt at something hitherto inexperienced, nor by the dangerous applications to which, in her ignorance, she may imprudently have recourse.

There is the greater reason for anticipating a change, if the heaviness, giddiness, and tendency to sleep are carried to an extent which resembles some of the effects of intoxication ; if there is a disposition to faint and to fall into hysterical fits ; if the ankles and legs swell, and if the nose bleeds. These prove the existence of some constitutional weakness ; they are most frequently met with in girls of the higher classes, and are too often the result of injudicious management.

A glance at the annexed table* will show at what age the first appearance of the menstrual flow is generally to be expected in England, in our Indian possessions, and in other parts of the world.

The first appearance of menstruation may be expected

* This table illustrated a paper "On the Causes which advance and retard the first appearance of Menstruation," which the author had the honour of reading in Edinburgh before the British Association on their assembling in that city in 1850, and which was republished in the *Edinburgh Monthly Journal of Medicine* for October, 1850. This table refutes peremptorily Mr. Robertson's opinion that the first appearance of this function is uninfluenced by climate. The list which my friend Dr. Ravn forwarded me from Copenhagen, when opposed to those obtained from India, seemed so conclusive, that I took the liberty of drawing to it Mr. Robertson's attention. Whether he adopted the same opinion I know not, but in reprinting his former valuable essays, he has not taken the slightest notice of so valuable a document, although he seemed to attach considerable importance to twenty-one cases collected by unprofessional hands at Labrador. To the original table I now add thirty-seven cases, lately received from my friend Dr. Stewart, of Bombay, as also those I have myself collected in practice, which prove that in London first menstruation may generally be expected between fourteen and fifteen years of age.

I. TABLE OF THE PERIODS OF FIRST MENSTRUATION OF 11,429 WOMEN OF THE LOWER CLASSES, IN HOT, TEMPERATE, AND COLD CLIMATES.

By E. J. TILT, M.D.

GRAND MEAN OF ALL COUNTRIES, 15.28.

YEARS.	HOT CLIMATES.		TEMPERATE CLIMATES.		COLD CLIMATES.		YEARS.
	Number of Observations, 666. Mean Age, 13.19.	Number of Observations, 6745. Mean Age, 14.74.	Number of Observations, 4018. Mean Age, 16.53.				
5 to 6	5 to 6	
6... 7	6... 7	
7... 8	7... 8	
8... 9	8... 9	
9... 10	9... 10	
10... 11	10... 11	
11... 12	11... 12	
12... 13	12... 13	
13... 14	13... 14	
14... 15	14... 15	
15... 16	15... 16	
16... 17	16... 17	
17... 18	17... 18	
18... 19	18... 19	
19... 20	19... 20	
20... 21	20... 21	
21... 22	21... 22	
22... 23	22... 23	
23... 24	23... 24	
24... 25	24... 25	
25... 26	25... 26	
26... 27	26... 27	
27... 28	27... 28	
28... 29	28... 29	
29... 30	29... 30	

Indications.	Authorities.	Race.†	Temperature of Country.		Country.	Mean Age.	No. of Cases.	HOT CLIMATES.		TEMPERATE CLIMATES.		COLD CLIMATES.		Indications.
			Annual.	Estival.				Number of Observations, 666. Mean Age, 13.19.	Number of Observations, 6745. Mean Age, 14.74.	Number of Observations, 4018. Mean Age, 16.53.				
Mr. Robertson: Med. and Surg. Edin. Journal, vol. 64.	Dr. Goodeve. Dwarikanauth dus Bossu.	Hindoo-Gangtic.	78.1	83.3	Calcutta (Bengal).	12.49	239	...	...	...	...	...	...	5 to 6
Communicated to the Author.	Dr. Stewart.		78.1	83.3	Calcutta (Bengal).	12.37	37	...	...	...	...	...	...	6... 7
Mr. Robertson: Med. and Surg. Edin. Journal, vol. 64.	A. H. Leith, and others.	Tamulian.	78.8	82.6	Deckan (Bombay).	13.23	301	...	...	...	...	...	...	7... 8
Ditto, vols. 58 and 69.	Rev. J. Elliot, and others. Mr. Bowen.	Negro.	79.	81.3	Jamaica.	15.13*	89	...	...	...	...	...	...	8... 9
Ditto, vol. 62.	Dr. Tariziano.	Hindoo-Germanic.	65.	79.	Corfu.	14.	33	...	...	...	...	...	...	9... 10
Ditto, vol. 66.	Dr. Dyster.		65.7	70.	Madeira	15.44	242	...	...	...	...	...	...	10... 11
Art. Menstruation, 19th vol. of Dic., in 25 vols. (second edition.)	Bouchacourt.	Celtic-Hindoo-Romano-Germanic.	57.2	72.1	Marseilles, Toulon.	13.86	68	...	...	...	...	...	...	11... 12
These. Paris, 25th August, 1835.	Petrequin.		59.2		Lyons.	15.5	432	...	...	...	...	...	...	12... 13
Archives Gen. de Med., Oct. and Nov., 1835.	Dr. Marc d'Espine.		70.6		Paris.	13.72	85	...	...	...	...	...	...	13... 14
De la Menstruation (Prize Essay), 1835.	Brierre de Boismont.		72.1		Paris.	15.42	1111	...	...	...	...	...	...	14... 15
Medical Times, vol. 12.	Dr. Guy.		51.4		London.	14.35	1498	...	...	...	...	...	...	15... 16
Unpublished.	Dr. Tilt.	50.7	57.2	London.	14.3	775	...	...	...	...	...	...	16... 17	
Dublin Med. Journal, No. lxxvii., 1845.	Dr. Lee and Dr. Murphy.	50.7	57.2	London.	15.17	1719	...	...	...	...	...	...	17... 18	
Mr. Robertson: Med. and Surg. Edin. Journal, 1832.	Mr. Robertson.	47.7	68.6	Manchester.	14.09	450	...	...	...	...	...	...	18... 19	
Denkwürdigkeiten für die Heil- kunde und Geburtshülfe, 11 bre. bd. 2, sl. 1795, ms. 320.	Osiander and Hohl.	48.4	47.8	Gottin- gen and Halle.	16.2	332	...	...	...	...	...	...	19... 20	
A Government Report on Norway.	Dr. Frugel.	41.7	50.5	Christi- ania.	16.88	157	...	...	...	...	...	...	20... 21	
Bibliothek for Læger, list of 3429,— to which Dr. R. has added 411 cases taken by Professor Lewy.	Dr. Ravn.	46.8	62.9	Copen- hagen.	16.78	3840	...	...	...	...	...	...	21... 22	
Mr. Robertson: Med. and Surg. Edin. Journal, vol. 63.	J. Lundberg.	38.5	45.7	Labra- dor.	15.57*	21	...	...	...	...	...	...	22... 23	
	Authorities.	Race.†	Annual.	Estival.	Country.	Mean Age.	No. of Cases.	...	...	...	...	...	...	23... 24

* These averages are deduced from so small a number of observations that they cannot weigh against the contrary statements of travellers, amongst whom I may mention Dr. M'Donnell, who informed Dr. Campbell, that in Esquimaux women menstruation was often delayed till the twenty-third year, then only appearing in the warmest months of the year, and as a mere show. I am the more disposed to credit this statement, because since I have carefully inquired in what season menstruation first appeared, I found it to have taken place in summer in the vast majority of cases, as if to prove the influence of heat, and the justness of the simile established by the old authors between menstruation and efflorescence. This is my motive for giving the estival as well as the mean annual temperature, these being indicated in degrees of Fahrenheit's thermometer, as reduced from Mahmann's elaborate table of mean temperatures inserted in Humboldt's late work on Central Asia—*Recherches sur les Chânes de Montagnes et la Climatologie comparée*.

+ I follow the nomenclature given by my friend Dr. R. G. Latham, in his late valuable work, the "Natural History of Man."

to take place sooner in girls belonging to the higher, than in those of the humbler ranks of society. Thus, Brierre de Boismont, comparing the period of its appearance in the various classes of women inhabiting Paris, found that in the daughters of the rich, menstruation appeared nine months before it did in those of the working classes placed in the most comfortable circumstances, and fourteen months previous to its appearance in the poorest women.

No. II.

No. of women.	Social condition.	Mean age of first menstruation.
171 ...	The poorest class	14 years 10 months.
135 ...	The well-to-do working class	14 „ 5 „
53 ...	The opulent class	13 „ 8 „

The results I have obtained in London are very similar to those obtained in Paris by M. Brierre de Boismont, and by my friend Dr. Ravn in Copenhagen.

No. III.

No. of women.	Social condition.	Mean age of first menstruation.
775 ...	The well-to-do working class	14·3
67 ...	The opulent class	13·45

Besides climate, therefore, other causes have a powerful effect in advancing the period of first menstruation; and we are logically led to infer that it is owing to the diminished vigour of the body, and the greater development of the nervous system, that girls in affluent circumstances menstruate earlier than those in whom the whole energies are devoted to laborious exercises.

The table, No. 1, also shows, that in every country the period of first menstruation may be retarded, in many girls, much beyond the average age, and often without producing ill health or the slightest inconvenience.

Should not the knowledge of this fact be sufficient to prevent the infatuation of so many well-intentioned mothers, who, merely because "the custom of women" has not appeared in their daughters at the same age as it did in themselves, do not hesitate to administer forcing medicines, without asking the sanction of a medical opinion?

The following sad history, related by Dr. Dewees,* the celebrated American physician, is the best answer that can be given on this subject:—

"We too often call to mind, with bitter recollection, the fate of a most amiable, interesting young creature, for whom we were requested to prescribe for the expected menses, but who had not one mark that could justify an interference, more especially as she was in perfectly good health. 'She was fifteen; it was time;' and this was all that could be urged by the mother in favour of an attempt 'to bring down the courses.' We relied too much on the good sense of her anxious parent, and freely explained ourselves to her. She left us apparently satisfied with our reasoning, and we heard nothing more of the child for six months, when, on being suddenly summoned to attend her, we found her throwing up blood in considerable quantities from the lungs, of which disease she died in a few days. The distracted mother told us, that though she *appeared* satisfied with what we had said, she felt convinced we were wrong, and that her daughter's health required the immediate establishment of the menstrual evacuation. With this view, she determined upon trying a quack medicine of some celebrity in similar cases. She gave it according to the direction, and in a few days her daughter became

* System of Midwifery, p. 133.

feverish, lost her appetite, and suffered from nausea; her strength gradually diminished, and she was soon confined to her bed. The mother called in the quack doctor, who encouraged her to persevere, by telling her the fever was an effort of nature for the end proposed. She persevered, and in a few days lost an only and a lovely daughter.—We examined the medicine which had been exhibited, and it proved to be oil of savin.”

Nothing can be plainer than the line of conduct a mother should adopt in reference to her daughter's health; for if she be well, however late the first appearance may be delayed, no physic is required; while, if she be ill, medical advice should be sought, as ill health may then depend on opposite conditions of the body,—on a fulness of habit which may require lowering measures, or on constitutional weakness or decided chlorosis, necessitating a judicious combination of strengthening measures.

As I have been led to mention chlorosis, I will here relate a singular case of that disease:—

CASE I.—Harriet C——, aged seventeen, with light-brown hair, grey eyes, and with the usual development of size, was brought to me by her sister for advice. She came to town of her own accord ten days previously, in perfect health and fresh-looking, to take a situation in a healthy locality—the New-road—as nursemaid in the same house as her sister—an easy place, and the food better than she had been accustomed to in the country. The patient had never menstruated, and scarcely was she in her place, than a complete change came over her; her complexion turned waxy, and her eyes dark-circled; there was pain in the head, increased by exertion; a great tendency to sleep; a pain in the back; palpitation on exerting herself; a bruit de diable in the carotid arteries; her legs

and her ankles became so swollen, stiff, and painful, that, literally, she could not walk. This sudden change had taken place in ten days. Would it have occurred if the patient had remained in the country? I know not, but I cannot help thinking that it would not have happened so suddenly, at least. In new, and although in better and more agreeable circumstances, her frame suddenly felt the want of that ovarian stimulus which promotes menstruation; or, in other words, this sudden change rapidly brought on chlorosis.

The patient, soon after consulting me, was obliged to return home into the country; and some months afterwards, on the appearance of menstruation, she was restored to health.

Having stated, in the introduction, what fatal consequences may arise to the unprepared, from the unexpected appearance of this function, as well as the sad results of an attempt to bring it on suddenly, I shall now proceed to make a few remarks on that mode of training girls which is best calculated to second Nature in her cautious attempts to inaugurate this new and important epoch.

As the importance and relative value of a living being may be estimated by the length of time it takes to attain perfection,—a criterion which gives us a high estimation of the value of man, who requires so many tedious years to achieve the fulness of his permitted power,—I may reasonably propose what, on the other hand, the study of diseases of women leads me to infer—that the longer the reproductive apparatus lays dormant in women, the stronger will be their constitution, the more harmoniously will its functions be performed, and the more favourable will be the influence of this apparatus on the whole system.

We constantly hear parents talk of "bringing girls forward," but all my observations, reading, and meditations on the subject, confirm me in the opinion which I have long entertained, that the art of educating girls in order to bring them to the full perfection of womanhood, is *to retard as much as possible the appearance of first menstruation.*

If there be any possibility of effecting this purpose, it must be by maintaining in its integrity an essentially English institution—the *nursery*. The nursery, in the usual acceptation of the term, means rational food, rational hours of rest and of rising, and rational exercise at judicious times. It means the absence of sofas to lounge on—the absence of novels fraught with harrowing interest; it means the absence of laborious gaiety, of theatres, and of operas—the absence of intimacies which are of a too absorbing nature, and a wholesome subjection of every minute to rule and discipline.

This institution is essentially English; for in other countries, girls from the cradle sit at their father's table, and mix in the society to be met with at their homes; and *this national institution is, in my opinion, the principal cause of the pre-eminence of English women, in vigour of constitution, soundness of judgment, and still more, in their rectitude of moral principle.* Under all circumstances, girls should, as long as possible, be kept under this restraint; but when there exists any constitutional weakness—any very painful performance of the menstrual function, a girl should be kept in the school-room much longer than the usual time—by those, at least, who wish to build up power for the future, and who think their daughter's health preferable to a life entirely devoted to excitement or to disease.

The idea of the well-conducted nursery embodies all

that relates to the management of girls; but as there is not always a judicious mother at the head of every family, it may be well to suggest to medical practitioners some hints which may perhaps help them to improve what they may find defective; and as every human being should always be considered under the triple aspect of physical constitution, mental endowment, and moral impulse of action, I shall class my suggestions under these heads.

1. With respect to the body, there is no reason for interfering with habits and customs which have hitherto maintained girls in an average state of health. The regular performance of the various functions should continue to be insured, and the frame must be invigorated by an increased amount of out-door exercise, taken without dreading the invigorating influence of the sun, which, with colour, gives health and strength to all created beings. In dress there are two evils to be guarded against—insufficient, and injudicious clothing. Rich young ladies suffer as much from insufficient clothing as the daughters of the destitute, for poverty and fashion are two tyrants which exact the same things, and often bring on the same diseases. In my work “On Diseases of Menstruation,” I have laid great stress on the fact that girls are clothed in trowsers until they are about to become women, and then trowsers, drawers—all are thrown aside, and the body is exposed to our piercing easterly winds, and an atmosphere, which in the morning and evening is at all seasons cold and clammy, or to cutting draughts when waiting for the carriage, in hall or passage, after continued active exercise in a hot and crowded room. Should fashion command, the loins will be constantly kept in a state of undue warmth, by two or three inches of padding, petticoat,

and dress ; why, then, should the slenderest covering be denied to a part of the body hitherto carefully protected ? If I dwell upon this subject, it is because my opinion differs from that of many practitioners, for the late Mr. Pennington, though I know not for what reason, used to recommend a totally different plan. The use of drawers would preserve women from numberless infirmities, from habitually painful menstruation, from chronic discharges, and sometimes even from death. A great physician, Joseph Frank, relates that a beautiful girl, a relative of his, in splendid health, went to a ball—although the period of the month was inconvenient to her—and returning home while still in perspiration, was seized with acute inflammation of the womb, and died of that complaint on the fourth day from the attack.

I am not prepared to admit, with Drs. Rigby and Meigs, that dysmenorrhœa frequently depends upon a rheumatic affection of the unimpregnated womb ; but if their opinion received confirmation, it would greatly strengthen the value of my advice ; and I could, if it were necessary, detail from my own experience many cases in which the sudden exposure to cold at the menstrual period produced inflammation of the womb, of the ovaries, or interminable menstrual derangements ; I therefore consider short drawers an indispensable article of female attire at all ages, and no apology is necessary for so strongly advocating their use.

Except as regards cleanliness, warm baths at this period of life cannot be advocated, for they might favour any morbid congestion of the lungs or of other organs, and would tend to increase any general plethora that might already exist. Hot baths would likewise be prejudicial to the very delicate and chlorotic.

Swimming in cold water, on the contrary, during the

summer months of the year, would be of great utility, but it is useless to prescribe what so few have the power of performing; for even if there existed in the Thames, as in the Seine at Paris, admirably constructed swimming baths, who would think of sending patients to swim in a river still transformed by mismanagement into a gigantic uncovered sewer? At Paris the professions derive great help from these establishments, to one of which the first ladies of the land daily resort in the summer months. In default, however, of such general bathing, most people can command the shower-bath, which is often very useful to delicate chlorotic girls, but should never be used without medical advice.

Feather-beds are not good for girls. Woollen mattresses, or those made of wool and horse-hair, are much more conducive to health; and the heads of families should be made aware that these should be opened, and the wool carded and exposed to the sun, or the heat of an oven, at least once every year. So few follow this plan, that one is led to imply, as a general conviction, that it is wholesome to sleep on mattresses which, from time immemorial, have received the full benefit of the nightly emanations from the human skin.

2. With regard to the government of the mental faculties, I have little to say, except that one ought not to be developed at the expense of another; they ought to be kept in a regular state of counterpoise, so as equally to improve the reasoning powers, and by more completely occupying the time and thoughts, to keep in check the too sudden development of those sentiments which have already tried their young strength in many ways, and which, in girls of the higher classes, often assume a wrong direction, attain a morbid inten-

sity, and are productive of the most deplorable consequences. Far better off in this respect are the daughters of the poor, in whom the wild freaks of imagination are successfully kept under by poverty and hard labour, which as effectually put an extinguisher on romance as they dull the acuteness of intellect, and give the skin its plebeian hardness.

“ Chill penury repressed their noble rage,
And froze the genial current of their soul.”

There is still another thing to be taught a girl, and even the youngest can learn the lesson, though from no master, governess, or nurse—a mother alone can teach a child self-command, and the power of taking its sharpest sting from pain, by a determination to bear it patiently. From a mother's lips and example a child can soon learn that there is some proportion between the energetic *will* to do a thing, and the *power* of doing it.

“ Possunt quia posse videntur.”

VIRG. *Æneid*, lib. v. 231.

Without alluding to the value of such a habit in enabling women to cope with the innumerable adverse vicissitudes of life, what assistance would it not be to us, as a lever, to withstand and cure many of the diseases to which they are liable! We should thus be able to use the patient's will to throw off hysterical seizures, and even sometimes to arrest the advent of puerperal convulsions, which so often spread the silence of desolation around the domestic altar.

On one occasion I witnessed this power of the human mind exerted in one, bound to me by the dearest of all earthly ties, who, after a protracted labour, told me that it was only by the force of a continued effort of the will, that she did not go into fits long before the termination

of her troubles. Her constitution was weak indeed, but her mind could bear pain, keep it at bay, and forbid its increase.

3. The proper direction of the affections is one of the most sacred duties of a mother; and if I touch on a subject so delicate, it is because, in accordance with woman's destiny, her moral and mental conditions effectually re-act on those organs which direct the periodic flow that critically determines the measure of her health. For a mother, in attempting to perform her duty towards her daughter, to deny the validity of this principle in its highest earthly manifestations, would be folly: it should be admitted, and directed by a mother's experience and that of well-chosen associates, and not injudiciously developed by frequenting too much balls, concerts, theatres, and operas, or by the habitual reading of hair-uplifting novels.

These elements of our present state of society have too great a power over the natural emotions and instinctive impulses for me not to give them some consideration; the more so, as it is very difficult rightly to understand, and satisfactorily to account for, an influence to which we have become so accustomed. Brierre de Boismont's and my own investigations prove, that girls belonging to the higher classes menstruate earlier than those who move in the humbler ranks of life. As this difference cannot depend upon climate, it must be caused by the increased development of all the various capabilities of the nervous system, by which the daughters of the wealthy are distinguished from those of the poor—a condition particularly deserving of attention, if it increases the liability of the rich to diseases of the generative functions.

This excessive development of the nervous system,

the predisposing cause of so much disease, can be produced by an undue stimulation of, all those nervous expansions which, underlaying the whole surface of the body, render it capable of sensation, and principally by the prolonged and exaggerated exercise of those portions of the body where nervous substance and nervous energy are concentrated to become senses, for the appreciation of special qualities: for the senses, and more particularly the ears and eyes, are the mysterious portals through which mind and emotion enter a material structure, to place themselves in communication with the mind and emotion of another being. Therefore the skin, by the habitual stimulation of heat; the palate, by luxurious feeding; the nostrils, by the indulgence in "soul-dissolving scents;"* the ears, by a superabundance of musical vibrations, may give an undue activity to the nervous system, can awaken the dormant powers of imagination, and by increasing the energy of the human passions, may react on the organs which they call into action.

Dancing is an excellent exercise. The ancients made it a part of their admirable system of gymnastics, and combined with music they thereby succeeded in calming

* Amongst many other much more dangerous sophisms, one that J. J. Rousseau got into his head was, that olfaction was the sense of the imagination. In many even of the gravest of modern authors, we read of the powerful influence of flowers on the nervous system of woman in southern climates. This may be true as regards some individuals, and during pregnancy, but it is not generally the case, for during a long residence in Italy I never saw an Italian lady faint under the influence of the prodigious bouquets which English girls kept all night in their hands; while, on the contrary, they testified the same love for flowers as did our countrywomen. Still there may be some truth in the soul-dissolving influence ascribed by poets to perfumes, for the constant use of scents—applied as they are to that portion of the brain which is the least protected—must have an exciting effect on the nervous system.

mental derangement—an application lately revived with great utility in institutions devoted to the treatment of insanity; but there is nothing hygienic in the dancing of the present day, nor in the hours of its performance. Although I do not admit the baneful influence which some medical ascetics have ascribed to this exercise,

“Puerum cithara perfecit Achillem
Atque animos molli contulit arte feros.”

If music could have such power on the rugged Achilles, who would deny its effects upon girls just awakening to the vivid enjoyment of every source of sensation? Music has ever been, and will ever continue, the language by which the heart will seek to express its most powerful sentiments. Plato calls it an imitation, and when it does not imitate the strong, it must the weaker propensities of our nature, and accordingly there are grave, religious, inspiring sounds which ennoble us; there are gay notes which make the spirit dance with exhilaration,—but there are “softly soothing Lydian measures” which, laden with emotion, travel lightning-like to some undiscovered bourn where similar emotions can be awakened—to that *ultima thule* of the human microcosm where emotion and reason, the two irreconcilable powers, meet, and where emotion can disturb the equilibrium of reason.

We read that some great virtuoso of olden time was banished the Spartan territory for attempting to corrupt the morals of youth—he had but added one cord to the Doric lyre, and that must be the cord whose vibrations I should consider injurious to young and sensitive girls, but as I am no musician I cannot note it down.

Dramatic representations have so powerfully con-

tributed to the advancement of human intellect, and are so susceptible of being enlisted in the cause of morality and for the propagation of every ennobling virtue, that we cannot understand why they should now be almost entirely devoted to the glorification of the ruling passion. Farce, comedy, melodrama, or tragedy,—it matters not which, for all are crammed full of love,—all hinge on matrimony, even if they do not derive their piquancy from something less fitted for the understanding of a young lady. Now all this love-making may do no harm to those whose characters are formed, but I am of opinion that it is better to keep a girl from it as long as possible. If what we have said of dancing, music, and theatres, be true, what must be their effects when combined with painting, in that most wonderful invention of modern times—the Opera?

There are, no doubt, some people endowed with a constitutional coldness which nothing can warm, but to others, the Opera may be a potent engine of mischief, so long as it is not made a powerful lever to ennoble humanity. The animated dialogue requires the most passionate poetry to express the enthusiasm of feeling. The emotions are represented to be so intense, that in the language of music alone can accents be found sufficiently acute or sufficiently imposing to express their overwhelming grandeur. The human mind is then represented in so deep a paroxysm, that to convey its meaning, disdaining the slow medium of words, it adopts the instantaneous, silent eloquence of look and gesture; and the whole man is supposed to be so *possessed*, that his very limbs are impelled to movements, rhythmic, poetical, and in harmonious unison with the exalted state of all his other faculties. And is not all this represented in the midst of fascinating scenery,

ever varying in changes which impress the mind with the conviction of reality? Such is the Opera, and whenever it seeks to take the human heart by assault, attacking it in its weakest part, then, in my humble opinion, would it be advisable to keep sensitive girls from it until they are married, or about to be married. Why should not the same magnificent machinery be more frequently made use of for the glorification of so many other noble instincts dear to human feeling? Is the historic page so poor in scenes of heroic patriotism that so few should be found worthy of being adorned by the combined influences of painting, music, and poetry? —“Masaniello,” “William Tell,” “Fidelio,” and a few others, not only interest us, but elevate our nature, and even put money in a manager’s purse.

Novels and romances, speaking generally, should be spurned, as capable of calling forth emotions of the same morbid description which, when habitually indulged in, exert a disastrous influence on the nervous system, sufficient to explain that frequency of hysteria and nervous diseases which we find amongst women of the higher classes. “Si votre fille lit des romans à dix ans, elle aura des vapeurs à vingt.” It may be contended that many of these works contain excellent principles and admirable precepts of morality; but what do girls care about moral axioms, which are almost always obscured in the brilliancy of fiction? They seek for the stirring adventure, the extravagant romance, the victorious hero, as if there were not sufficient romance in real life to excite the young imagination, without stimulating this faculty by creations, evoking heroes for them to set up as gods of their idolatry, with whom their fancy may suggest they could live for ever in regions of boundless and unfading bliss.

At this critical period, girls should be treated with that happy, even mixture of firmness and mildness, oftener met with in the mother than in one of the sterner sex, who is too apt to check capriciously by parental severity those faults which he may have himself caused by undue indulgence. It is not wilful wickedness that often afflicts girls at this important period, but it is a transient want of self-control, in consequence of a new influence obscuring for a time the clearness of the moral principle. Until Nature assert her sway, gentle means, and a soothing treatment, to keep in check all eccentricities, added to the firm assertions of the rights of reason, blended with the tenderness of a mother's affection, without which all reasoning would be powerless, seem to me parts of the best plan to be pursued; for harsh treatment might, and probably would, give a permanent warp to the yet unformed character.

Thus have I attempted to show the medical and moral principles which should guide us in the management of women previous to this important crisis of life; and before offering any reflections on the right management of women during the continuance of menstruation, I shall remind the reader, that a profession which has the confidence of women holds in its hands the fate of society; that therefore each in his own station, however humble it may be, is armed with great power, not only for the curing of disease, and the maintenance of individual health, but also for imparting a healthy tone to society, and for the healing of many of its wounds. If, therefore, medical men are convinced of the truth of what I have sought to establish, they will, I trust, feel bound to take to heart the often ill-served interests of a large portion of the community, and advance them by

their ineulcation to every mother, whenever they can do so without indiscretion,

I. TO KEEP A GIRL IN THE NURSERY AS LONG AS POSSIBLE.

II. NOT TO LET HER BE TAKEN UNAWARES.

III. NEVER TO ATTEMPT TO BRING ON FIRST MENSTRUATION BY GIVING FORCING MEDICINES.

CHAPTER II.

ON THE RIGHT MANAGEMENT OF WOMEN, AT FIRST MENSTRUATION, AND DURING THE CONTINUANCE OF THAT FUNCTION.

IT has been shown by what means the female organism may be best disposed to favour the first establishment of the important function which marks the advent of womanhood, and it might appear that when once this function has begun, the continued careful vigilance of a mother, and of a medical adviser, are no longer required, nature being safely to be trusted with the rest. If this be true to a great extent with respect to women whose constitutions are hardened by privations and the constant habit of exercise in the open air, it cannot apply to the management of those who are brought up in the midst of comforts or affluence, and in whom the emotional susceptibilities are often developed in direct proportion to the weakened energies of the body. It must also be remembered, that there are great differences in the mode of the first appearance of menstruation, for if we attend to what happens to those in whom this function has been most healthily performed, we find that, at first, the flow of little amount acquires by degrees a quantity, quality, and length of duration, which becomes the actual measure of health in each individual case. It is therefore not unreasonable to suppose that this

would always occur if nature had fair play, but while the performance of the function is impending, many exciting causes may intervene to determine an appearance before its appointed time, and that in an unusual manner. Sometimes I have known it to occur from a fall, or after an extraordinarily long walk. Thus a girl, twelve years of age, fell into a saw pit, and was surprised, on rising, to find herself bathed in blood; she washed in cold water, checked the flow, and was laid up with violent pains in the head and limbs for thirteen weeks, and did not recover her health until menstruation returned regularly, a year after its accidental appearance. Sometimes a fright, or a violent emotion, brings it on suddenly, and as far as my experience goes, in all such cases the function is inaugurated by an amount of discharge which deserves the name of initiatory flooding. In thirty per cent. I have found this function to begin by a very considerable flow; in eight per cent. it was said to have amounted to a flooding, and lasted from eight to ten days. These facts are interesting because they are not in accordance with general belief, and because they are suggestive of useful advice necessary for a mother, who ought to be warned of the possibility of this accident, in order that by her own frightened demeanour, and that of inexperienced attendants, the girl may not be alarmed at the occurrence. Duly forewarned, a mother will not only maintain her own composure and impart it to those around her, but she will be able to assure her daughter that nothing has happened but what is usual, and she should be informed that while waiting for professional advice, her daughter is to be kept in the horizontal position, with scanty covering, in a cool, well-ventilated apartment. These means, with the addition, in some cases, of acidulated

drinks, will effectually check any excessive discharge; but should the flooding assume an alarming extent, nauseating doses of antimony, or other remedies, should be given, and it may be even necessary to have recourse to the local application of ice.

CASE II.—A young lady, aged sixteen, of middle stature, slender make, with brown hair and grey eyes, had been brought up in town, and the accomplishments of her education had been much more attended to than the measures which might invigorate a delicate constitution. At times she had suffered greatly from headache, with giddiness and vertigo, and after having taken a much longer walk than usual she became unwell. The flow was abundant from the first, and it was allowed to continue until repeated fainting fits so alarmed the family, that on the fourth day the medical attendant was sent for. He judiciously adopted the measures previously recommended, and gave two grains of acetate of lead every two hours; that having no effect, he administered ten grains of the powdered ergot of rye every hour. On my arrival, three doses had produced no favourable result; the patient was cold and fainting, the pulse tremulous, and the heart's action feeble. In such a state there was no time to be wasted, so after reviving her with smelling salts, I made her swallow a table spoonful of brandy, and applied to the lower part of the abdomen a bladder half full of powdered ice, ordering large mustard poultices to be kept constantly to some part of the limbs, when the flooding speedily stopped. The patient menstruated regularly during the following months, but she was long before recovering her usual strength, and is even now subject to profuse menstruation, which, if not attended to, will eventually undermine her constitution.

In a similar case, should ice fail, it would be necessary to have recourse to surgical measures to stop the flow, but the use of the plug should not be resorted to until the patient's fully-acquired conviction of impending danger is sufficient to absorb the shame and vexation that would otherwise ensue.

I have already stated, that from the intervention of certain exciting causes, the first appearance of this function might accidentally appear before it is due; for if the non-continuance of menstruation after its first appearance sometimes proceeds from too great a fulness of habit, and sometimes from weakness, it also very often depends on its having occurred before the constitution is prepared to bear a monthly drain. I have remarked that those who menstruate very early seldom do so regularly before the age of eighteen, and on this point my experience is confirmed by what has been told me by several ladies, who have for many years presided over large establishments for the education of girls belonging to the higher classes. Now, if this were to be carefully instilled into the mother's mind, there would be less mischief done by the injudicious administration of forcing medicines to promote the return of what, in fact, ought not to have appeared so soon. Mothers should be made aware that, without any detriment to a girl's health, this function will most probably be arrested by any great change of abode or circumstances,—that when a girl leaves the country and goes to school in town, the flow will be very likely to stop for three or six months, and then proceed regularly even without medical treatment; and that when accustomed to a town residence, on her returning to it after passing the holidays in the country, the function may again cease for a few months.

That this temporary suppression depends on change *only*, and not on a change from agreeable to less agreeable circumstances, is proved by the fact, that when menstruation has proceeded regularly in town, it sometimes stops for several months when a girl returns to her home in the country.

The perturbing influence of a sea voyage over the ganglionic system of those who are unaccustomed to the motion of a vessel enables us to understand the powerful effects it produces on menstruation, which is evidently, to a great extent, under the control of the same nervous system; for the function is almost always arrested during a sea voyage, and seldom recommences until several months after an arrival in a strange land. This is observed to take place as frequently with ladies arriving in India after the long sea voyage, as it is with the poor Irish emigrants deposited on the hospitable shores of America, and it may therefore be fairly ascribed to the influence of a sea voyage.

Lastly, it cannot be too forcibly impressed upon the minds of parents, and of those who preside over the education of youth, that the system generally followed in finishing schools is not rational,—too little attention being paid to invigorating the constitution, while the mental faculties are overstrained in the attempt to acquire a multitude of accomplishments. The result is, that so large a portion of the nervous energy is concentrated in the brain, that other organs are not allowed to fulfil their proper functions. This kind of suppression should be remedied, not by purgatives or forcing medicines, but by relaxation from study, and by additional exercise in the open air.

The extent to which the pernicious practice of giving forcing medicine is carried is almost incredible; and

as it is founded on a mistaken appreciation of what is true, the active co-operation of the profession will ever be required to eradicate so mischievous a prejudice. Neither are mothers sufficiently aware that they have no right to try experiments on their daughters, in case the accustomed tribute, after its first regular establishment, should not be paid with due regularity. This may depend on a cold, or on some more serious disease, which would only be increased by the means usually employed to promote a return, only to be safely effected by the adoption of such treatment as may check the disease itself; and this is one of the most complicated problems of medical art.

CASE III.—I was lately consulted by a lady justly alarmed about her daughter's health. She was a delicate, pale-faced girl, with light hair and blue eyes, and very tall and slender. She had menstruated at fourteen, without any previous disturbance; and the function had proceeded regularly for two years, but was sometimes scanty, at others profuse, and always attended by much pain. After amenorrhœa had continued several months, the mother, without consulting any professional man, repeatedly gave purgatives, which increased the general debility, but did not bring on any return. She then followed up this system by administering the cake saffron in pennyroyal tea, which she had frequently given to some of the poor women in the vicinity of her country house. This was followed by spitting of blood to so alarming an extent, that the mother called in a medical man, who adopted measures which checked this accident; and very properly told her he would not answer for the patient's life if she continued to manage her daughter in so inconsiderate a manner. The girl's health improved, but always remained delicate; at

times she had been much troubled with cough, and as the courses had not returned, I was consulted. The girl is eighteen, consumptive, and little hope can be entertained of her recovery. There is no consumption in the family; and I believe this disease would not have been developed—certainly not at so early a period of life—if it had not been for the perverse love of giving medicine, which the soon-to-be-childless mother now so bitterly repents.

When there is an interruption in the return, provided there be no fever, the parent may safely permit her daughter to take additional exercise, particularly horse exercise, and should enjoin a relaxation from study. If there be signs of plethora, or of too much blood, the mother may, without indiscretion, give cooling drinks, and less nutritious diet; but should this state persist, it may be necessary to prevent mischief by the timely withdrawal of a small quantity of blood.

In a great many cases, however, the interruption of menstruation evidently depends on constitutional weakness, and then the parent may be permitted, of her own accord, to give a more generous diet—meat twice a day, with an additional glass of bitter ale or good port wine; but on no account should she commence physicking without previous medical advice. Emmenagogues and purgatives are too often not only given without such advice, to promote a return, but also to augment the quantity of a discharge which mothers, or those who perform the duties of mothers, in their wisdom deem insufficient. Now, again, this would not occur if they were given to understand that the smallest quantity regularly discharged is often perfectly sufficient to fulfil all the views of nature; and that a medical man alone can judge

whether it be requisite to adopt measures calculated to promote its increase.

If the daily recourse to the medicine-chest were confined to the male sex, I should not think it worth while to allude to the subject; but it has been truly said—

“Ubi non est mulier, ibi ingemiscit æger;”

and as one of the dearest occupations of women is to soothe the sufferer in the hour of sickness, they fancy they *ought* to understand the secrets of a disease they can always alleviate by the tenderness of their sympathy; and thus, in the hope of affording relief, they consider they have a *right* to give physic. Although in other respects the expectancies of girls are less than those of their brothers, they are more immediately under their mother's control, and coming in for the largest amount of maternal medicine, they often suffer from an interference, which tends to disturb the *monthly* re-appearance of menstruation—a condition which has already been pointed out as important for the healthy performance of this function.

This brings me to remark another very important reason for watching over young women with a care proportionate to the delicacy of their constitutions, which is, that during the time that follows the first appearance, we know not what type the function will assume; and although in some extremely rare instances its recurrence every second or third week may coincide with good health, still, as a rule, the monthly type is the criterion of such health, and according to my investigation, the one assumed in the vast majority of women of every country.* Most of the cases which deviate

* Baglivi gives, as the result of his observations,—*Præcos Med.*, lib. ii. c. 12,—that in the diseases of the inhabitants of the country,

from this law can be traced to an organic or to a nervous derangement of the ovaries, or of the womb; so much so, that when these diseases are cured, the function resumes its most habitual type. On referring to my notes, I find that in twenty-three per cent. it did not follow the monthly type; in seventeen per cent. the type was three weeks; in five per cent. it was every six weeks; in one per cent. it occurred every fortnight. In one-half of the three-weekly cases the type was explained by ovario-uterine disease of an organic nature, or by chlorosis; and in more than one-half of the six-weekly cases the patient's health was habitually bad, owing, in two instances, to uterine disease, which was also the case with the one that assumed the fortnightly type.

If it be admitted that the monthly is the normal type, it stands to reason that we ought to seek its establishment, more particularly as its adoption entails a less considerable drain on the sanguineous system, a less considerable perturbation of the nervous function, and affords to women a much longer term of immunity from suffering. It would be imprudent to attempt to bring on the return by direct and energetic means, but it is perfectly reasonable to watch carefully towards the end of the second or third week, so as to prevent the patient being unduly excited by purgatives, or by any of the causes to which I have alluded. Even supposing these views to be incorrect, the plan recommended is perfectly harmless, and therefore deserves to be put into operation, as it offers the possibility of great utility; and it would

the crisis occurs exactly as it has been said to do by ancient authors. Stahl—*De frequentia Morborum in homine pro brutis*—confirms this assertion. In like manner, menstrual irregularities are explicable by the inordinate action of the stimuli of civilization, which interrupts the normal periodicities of this function.

be well to continue this unremitting attention until the function, repeatedly accomplished with regularity, has been confirmed by habit.

In a paper upon the use of purgatives at the different periods of menstruation, read before the London Medical Society, and subsequently published in the *London Monthly Journal of Medicine* for August, 1851, I have dwelt on this subject, from the conviction that in the majority of women purgative medicines cannot be given with impunity. Brisk purgatives taken a few days before those symptoms which generally precede each menstrual epoch, often anticipate it by several days, vexing nature in one of her most constant laws; for I find menstruation to have been perfectly regular in eighty-six per cent. of the women I have interrogated. These views may appear exaggerated, but I am convinced that they are warranted by what I have seen in others' and in my own practice; and in a few cases I can ascribe permanently disordered menstruation to the function having been treated by the patient in the same way as a child plays with a watch, setting the hands backwards and forwards.

These observations apply also to the frequent use of mercury; for I am acquainted with ladies, moving in fashionable circles, who seek to improve their complexion by a frequent use of calomel. They sometimes succeed in producing a delicate, pallid, and unhealthy appearance, but it is generally at the expense of the menstrual flow, which is either diminished or suppressed by those means. In confirmation of this statement, I appeal to the experience of Dr. Butler Lane.* That the fortnightly or three-weekly appearance depends sometimes

* On Functional Diseases of the Liver, associated with Uterine Derangement. By Butler Lane, M.D. London: Renshaw, 1848.

merely on a disturbance of that nervous force which must preside over menstruation, seems to me evident, from the fact that in many cases in which the irregularity could not be explained by organic ovario-uterine disease, it is possible to restore the function to its normal type by the exhibition of the sulphate of quinine; and as I have shown that the monthly type is the rule, and that if this rule is frequently broken through, it is owing to injudicious management, and particularly to the abuse of the pill-box, the invariable accompaniment of the lady's dressing-table, I must say a few words on what I consider to be a very valuable addition to our means of relieving a complaint, which, however serious may be its consequences if neglected, is a disorder easily cured.

I have given the name of remittent menstruation to that variety of menstrual derangement which is characterized by a change from the habitual type to some other, so that the menstrual periods are brought nearer, and tend to run into each other. The term remittent is borrowed from the pathology of fever; and as it has not been objected to by the numerous critics who have reviewed my work "On Diseases of Menstruation," but is, on the contrary, approved of by a severe though courteous reviewer, in the *British and Foreign Medical and Chirurgical Review*, I conclude that the term is suitable, and that it will be adopted.

Several cases which I lately published* show the utility of disulphate of quinine, given alone or combined with other drugs; and I shall exemplify this plan of treatment by another instance, wherein the principal merited of praise is due to the disulphate of quinine.

* On the Treatment of *Remittent Menstruation* by Disulphate of Quinine, with Cases. By E. J. Tilt, M.D., &c., *Lancet*, p. 148, vol. i., 1851.

CASE IV.—Susan B—— a dressmaker, in easy circumstances, applied for relief at the Farringdon Dispensary, March 1st, 1851. She was twenty-seven years of age, of slender make, middling stature, with brown hair, grey eyes, deeply sunk in a dark circle, her complexion exsanguine, and her whole appearance denoting to me what perhaps I have not succeeded in well describing—an organization predisposed to hæmorrhage. She was born, and had always resided, in London. After suffering many months from nervous symptoms, she menstruated very abundantly at fifteen. She was regular from the first, the discharge being abundant, pale, without clots, and lasting five days every month, being preceded and followed by leucorrhœa. Married at twenty-six, she conceived directly, had a show at irregular intervals during pregnancy, and was safely confined four months ago. She had a sanguineous discharge for six weeks. Although she continues to suckle, menstruation returns every fortnight; the last time it amounted to a flooding. She is now much troubled by a white discharge, with pain in the back and in the ovarian regions.

A digital examination gave pain, but revealed no serious lesion; and as there was a decided tendency to fever, I ordered a mixture composed of antimonial wine, of ipecacuanha wine, and of tincture of hyoseyamus, four drachms of each in six ounces and a half of water; a tablespoonful to be taken every third hour. I ordered one five-grain aloetic and soap pill to be taken at night; and I likewise recommended one ounce of acetate of lead to be divided into eight powders, each powder to be dissolved in a pint of tepid water, half of which to be used morning and night as a vaginal injection.

March 4th.—There was a slight improvement. I

continued the same mixture, but three times a day, and I changed the aloetic pills for others composed of ten grains of sulphate of quinine, and twenty grains of sulphate of iron and extract of hyoscyamus, to be made into ten pills, one of which was to be taken every night.

March 12th.—The pills seem to have moved her bowels two or three times a day. Menstruation returned on the eleventh day since the past epoch, with little pain or sanguineous flow; but it was followed by the discharge of a good deal of thick stuff like the white of egg. I ordered the same mixture and powders, but added half a grain of opium to each of the pills as previously prescribed.

March 21st.—The patient still complains of being griped, having from two to three stools a day; I therefore discontinued the pills, and ordered powders composed of mercury and chalk and compound ipecacuanha powder, one scruple of each, to be divided into four powders, one to be taken every night, and a dessert-spoonful of castor oil to be taken the following morning. I also ordered a sedative mixture composed of solution of potash and tincture of hops, four drachms of each, with six drachms of tincture of hyoscyamus, in six ounces of camphor mixture; a table-spoonful to be taken with a little water three times a day.

March 26th.—The pain in the bowels has completely ceased; the vaginal discharge has also been checked. The patient's spirits are revived; she says she feels quite a different woman. She was ordered to continue the mixture, and to take every night a pill containing one grain of disulphate of quinine, and half a grain of extract of opium.

April 2nd.—The patient is admirably improved in health and appearance. A fortnight has passed without

any menstrual show; but as the bowels were confined, I ordered the quinine pills without opium, and an aloetic pill, to be taken when required, with the first mouthful of food at dinner.

May 7th.—Not seeing anything more of the patient at the Dispensary, I called at her house, and had the satisfaction of ascertaining that she had continued well, and that menstruation had become quite regular.

Remarks.—On reviewing the line of treatment pursued in this case, I think I was wrong in having given antimonials, or, at least, in having continued them so long, for this tended to derange the bowels. In another and a similar case, I have lately immediately given the compound camphorated mixture with benefit. Steel was of no use to the patient; on the contrary, although associated with opium, it helped to keep up intestinal irritation.

The sulphate of quinine was very useful, and no doubt the case would have progressed more rapidly had I ordered the child to be weaned; but knowing that things could be set right, I preferred letting both mother and child follow the course which nature has prescribed.

It will be well to remind the profession of another deep-rooted and most dangerous prejudice, which makes women believe, that however great may be the discharge, if it occur periodically, it is in perfect accordance with the views of nature. Frequently have I drawn a parent's attention to the debility and ill health following an habitually too copious flow, and as frequently have I obtained the same answer—"She is always so;" so difficult is it to enforce the conviction, that the fact of a girl *being always so*, is the very reason for adopting such measures as should prevent her *ever being so*.

Contrary to the general belief, plethoric women are

not in general those most liable to profuse menstruation, for this derangement is much more frequently met with in those whose constitutions resemble that of the patient described in the case I have just related—viz., nervous, irritable, and thin. This fact holds good in both sexes; Bordeu has justly remarked, that many men evidently plethoric never bleed, while those most liable to do so are the thin, nervous, irritable young men, who have something feminine in their appearance and constitution—a consideration which led him to admit that hæmorrhage, instead of being the constant result of a superabundance of blood, depends on an hæmorrhagic cachexia, or on a state of the circulating system, known by the slight febrile excitement which precedes the critical emission of blood, and by a full, quick pulse, often hard, and rebounding under the finger. In men thus constituted, the emission of the smallest quantity of blood is often followed by great relief, while profuse bleeding would be fatal, exactly as it is with the periodical hæmorrhage of women. Therefore, in some very rare cases amongst women who have attained their full growth, we may look upon habitually profuse menstruation as an *autocratic* depletion, as the older authors would have said; and remembering the saying of Baglivi—“Sanguis superfluus non est sistendus, sed sinendus quò natura velit”—we may let it flow without interfering, so long as the pulse remains firm.

When, however, profuse menstruation occurs in the weak and nervous, it must be considered as a most pernicious drain determined by a morbid nervous influence. It is generally followed by leucorrhœa, which, as Friend has noticed, seems often to determine, or rather to coincide with, remittent menstruation, and it will cause the womb to reject its fruit in the early months

of pregnancy. Such are the immediate effects produced on the uterine apparatus; for when it is permitted in girls of a delicate frame, there are no means of strengthening such constitutions; the body never attains its proper proportions; increase of age brings with it no increase of strength, unless, as in some rare instances, child-bearing regulates the function. This continual drain, by supplying the organs with an inefficient amount of deteriorated blood, may help to produce many diseases of vitiated nutrition, particularly consumption; and even if no organic disease is set up in such constitutions, they become subjected to all sorts of nervous disorders, and the only period of health which women enjoy is during the few days previous to each recurring epoch.

It is inherent in human nature to prefer the swallowing of medicine, however nauseous, to the irksome exigencies of a well-combined plan of action; and the medical man is often asked for something to amend this symptom, but I am unacquainted with any specific capable of checking this prolific source of evil, which can only be safely diminished by the systematic adoption of the various rules, hygienic as well as therapeutic, which I have laid down to promote the healthy action of the nervous functions, and to restrain that morbid irritability of the nervous system which stands in the double relation of effect and cause to profuse menstruation.

Those to whom inexperienced girls are confided should also have for their guidance some definite information respecting the value of those discharges to which women are so liable; for while some of them are attended with little danger, others require energetic treatment. Here, again, the natural history of the diseases of women comes to our assistance; for, on referring to unpublished

documents of my own, I find that the first appearance of menstruation is generally preceded for several weeks, sometimes for months, by a mucous discharge from the internal surface of the generative intestine, which seems to be thus disposed for the subsequent effusion of a sanguineous flow from the same surface. After the regular establishment of the function, it is generally both preceded and followed, for a day or two, by a white discharge, which may be considered as part of the phenomenon of menstruation. This mucous discharge also sometimes alone constitutes menstruation, taking place regularly at the monthly periods,—being accompanied by the usual symptoms, and even at times effectually relieving them. This is, evidently, not a disease, but an imperfect effort of Nature, and it should not be stopped by injections or cold applications, but be respected until time and the employment of constitutional means shall have caused it to be replaced by the normal flow.

The peculiar constitution most liable to this vicarious leucorrhœa, as well as the nature of the treatment required, will be shown by the following case, one of the most interesting of the kind I have been called upon to treat.

CASE V.—Mary Ann N—— applied for relief at the Paddington Free Dispensary, Feb. 13, 1850. She was sixteen years of age, tall, large-boned, with red hair, blue eyes, thick lips, puffy chin, and every appearance of a strongly marked lymphatic temperament, an inference confirmed by the fact, that when a child she was very subject to glandular swellings. She has lived almost always in London, and first menstruated at fifteen under peculiar circumstances. While nursing a boy for the small-pox, she caught the disease, took to her bed, and before the eruption came out the menstrual flow made its

appearance in very great abundance, lasting four days. The patient recovered well from the small-pox, and menstruation returned two months after its first appearance. Previous to the first menstrual flow there was no leucorrhœal discharge, but it appeared after the second, and has lasted ever since, sometimes in a slight degree, at others being very abundant, but always painless, and of an inoffensive quality. During the last year, in the place of the sanguineous flow an abundant yellow discharge came on regularly every month, lasted from three to eight days, and was accompanied by pains exactly similar to those felt during menstruation.

About the time of the second appearance of menstruation—whether before or after she cannot remember—there appeared on the elbow a large patch of eezema, which disappeared, to reappear abundantly on her legs and thighs, without ascending higher. This skin affection was in general indolent, except during the spring and summer, when it became endowed with great activity—lately the scalp having become affected, she has been obliged to have her head shaved to relieve the intense feelings of heat and itching, which were often intolerable. The digestive functions were in a state of perfectly good order.

To keep this long case within reasonable limits, I shall merely say, that after purging the patient, I put her on a course of steel and tonics, ordering a tepid bath every week. When the next menstrual period came on the discharge was sanguineous, instead of mucous, and thenceforth became regular, returning every three weeks with pain, being always preceded for two or three days by a white discharge.

On March 3rd, 1851, she came to me for some large patches of eezema on the head, and I learned, that

since the last application for relief, menstruation had continued regular, but that lately the leucorrhœa had been abundant, and was always more so when the secretion from the diseased portions of the skin was less. In such a case it would have been just as absurd to employ astringents or caustics to the vaginal surface, as to smear the mucous membranes of the nostrils with nitrate of silver, to cure a constitutional tendency to cold in the head.

Leucorrhœa may be what I term *intermediate*, or appear between two menstrual epochs. This is a very frequent occurrence in women, subject to the weakening influence of civilization, for amongst my cases I find it occurs in thirty per cent., and as it is attended by no pain, it is merely suggestive of greater cleanliness, and not of a necessity for treatment. Some of the cases in which I have seen this persist with the greatest obstinacy through life, without in any way interfering with the patient's health, were in strong plethoric women—a remark coinciding with Friend's experience, although somewhat contrary to the dictum of theory, or to received opinions. The just view of such cases, in the nineteenth century, is that entertained by the first medical authority after the divine old man Hippocrates—by Galen, who called this disease a rheum of the womb, the slight hypersecretion of the vaginal mucous surface having no more alarming import than that of the mucous membrane which lines the nostrils.

When, however, the discharge, instead of being white and unaccompanied by pain, is yellow or green, and attended by much pain in the back and thighs, and if it has been allowed to continue long enough seriously to disturb the functions of the intestinal surface, the case alters, for in addition to the constitutional employment of steel, iodine, or mercury, local applications may

become necessary to induce a more healthy action of the vaginal surface, and then some of the injections well known to the profession should be tried. In some rare cases, however, even these applications will not suffice, aided though they may be by a proper dietetic, and sound constitutional, treatment; rather, then, than let a patient's health be completely undermined, a careful examination becomes absolutely necessary, for it is most probable that the interminable discharge is caused by some morbid condition of the neck of the womb, which requires to be modified by some stronger application, so as to allow the diseased tissues a fair chance of being rapidly healed. It would be easy to multiply cases in proof of the value of these local applications; but as this is now generally admitted by the profession, I shall only refer the reader to the case of Frances W——, page 79, for an additional proof of their utility. From what has come to my knowledge, however, I think it my duty to repeat a caution already given in a former work,* relative to the abuse of instrumental and surgical measures in diseases of the womb; every other means should be tried previous to their employment, and then they should only be employed by experienced hands. I cannot better conclude this subject, than by briefly relating a case which made a great impression on my own mind.

CASE VI.—Anne C——, a servant, applied for relief at the Paddington Free Dispensary about eighteen months ago. She was twenty years of age, short, thin,

* Diseases of Menstruation, pp. 68, 69. Since the publication of the statement contained in these pages, I have seen two cases, and several others have come to my knowledge, where, after the application of potassa fusa &c. calce to the neck of the womb, the patient being left to herself, the neck of the womb closed up, giving rise to symptoms of the retention of the menstrual flow in the womb.

nervous, and there was no harmony between the different parts of her frame. The right side of her whole body was less developed and weaker than the left; there was a lateral curvature of the thoracic portion of the spine to the right; the right shoulder was depressed, and the pelvis so contraeted that I thought it proper to acquaint her mother, who accompanied her, of the danger of her marrying, as, should she become pregnant, it would be impossible to deliver her in the natural way. I was consulted on account of menstruation being defective. This function first appeared after a fright between thirteen and fourteen, recurring, from the first, every three weeks, the discharge being pale and scanty, lasting a week, and sometimes a fortnight. Leueorrhœa sometimes filled up the intermenstrual space of time, and this had lately become particularly abundant and painful. After prescribing tonics and astringent injections for some weeks, the discharge still continued yellow, and the pains in the lower part of the abdomen so intense, that her mother earnestly pressed me to make a more careful examination into her daughter's ease. On attempting to comply with this request the patient nearly fainted, and desisting from any further investigation, I ordered—merely with a view of relieving the pains—vaginal injections to be carefully made three times a day, with forty minims of laudanum in two ounces of tepid water. This not only relieved the pains, but first diminished the amount of secretion, and then changed its quality, for it became white. After the first week she used the injections but twice a day, and but once only after the second week. In a month the patient was well. I met her a few days since, and heard that her health had remained good, and that she had been but little troubled with leueorrhœa.

Not having been able correctly to ascertain the state of the womb, I am not able *to prove* that by the strong opiate injections I healed either some granular state or a slight ulceration of the neck of the womb, but *I believe* I did so, because the disease had lasted three months when I began the treatment, because the secretion was mucopurulent, and because opium has often been advantageously applied to external sores.

In similar cases I have been several times equally successful, and it is quite unnecessary for me to urge the practitioner to give his patients the advantage of this additional chance of cure, before resorting to means which, although sometimes absolutely necessary, are almost as painful to his own feelings as to the delicacy of his patients; particularly if unmarried.

In this chapter it has so frequently occurred to me to write strongly against the abuse of purgatives, that, to show I am fully alive to their utility when they are judiciously employed, I shall remark how useful they are in chlorosis. The value of purgatives in chlorosis has been long recognised. Thus, Morgagni relates that a friend of his never gave anything else in these cases but small doses of aloes, and that his practice was very successful; and, doubtless, it would be easy to find in older authors the proof of this plan of treatment having been previously employed. Nearer to our own time, Dr. Hamilton, of Edinburgh, used to depend exclusively on purgatives for the cure of chlorosis. It is, however, better not to confide in purgatives alone, but to let them form the initial part of the treatment, as in nature diarrhoea often forms the initial part of menstruation. I always begin by producing a decided shock on the system of nutrition by an emeto-cathartic, and I then give steel and bitters; but if I find that the appe-

tite does not improve, and that the bowels remain sluggish, I put aside steel and bitters, and seek to break in on a perverse concentration of forces by giving another emetic. If emetics act so powerfully in such cases, it is by lowering the intensity or modifying the mode of distribution of the innervative force; but should this explanation be not admitted, I feel assured that if the plan were followed, the treatment of chlorosis would not require so long a period as it frequently does. If purgatives are so useful in cases of chlorosis, their injudicious exhibition to highly nervous and excitable young women is not unfrequently productive of serious mischief, which seems to depend sometimes on the inability of their constitutions to bear the least drain, but generally on their exasperating a state of nervous erethism, which first requires the use of sedatives, so as to enable the constitution to bear the action of the tonics and of the strengthening regimen afterwards to be recommended.*

A lady once told a medical writer, "I have for fifteen

* My views are so much in accordance with those long ago advocated by Dr. Billing, that I shall draw the reader's attention to an excellent passage of his excellent work; the more so, as it gives a valuable hint to the profession in a country like England, where popular prejudice runs so high in favour of purgatives both in health and disease:—"One abuse I consider too serious, however, to omit mentioning; it is, the ill-judged administration of purgatives to puerperal females. The uterus, though not in a state of inflammation after natural labour, is of course in a state of morbid sensibility, and the effect of lowering the female by purging is in many instances to make her hysterical; there are then induced sympathetic pains of the abdomen, with tenderness on pressure, flushed skin, restlessness, &c. The inexperienced or ignorant attendant, mistaking these inconveniences for symptoms of inflammation, resorts to the lancet, and other depletion; and the woman becomes more hysterical, with increased pain, debility, jactitation, &c., &c., occasioning serious embarrassment to the practitioner, if nothing worse result. Similar evils frequently arise from the injudicious administration of cathartics to hysterical unmarried females."

years suffered invariably at my periods such intense distress, that I can scarcely think of anything else than that on a given day my pain is to be repeated; language is incapable of expressing the degree of torture which I suffer under the pain, the approach of which fills me with horror." Fortunately, few suffer to so great an extent; and I have no hesitation in saying, that this intensity of pain can be relieved by judicious treatment.

If these sufferings are very considerable, and do not abate with the appearance of the flow, the medical attendant should be consulted; for though the belief prevails, that because the function is a natural one, all its attendant pains must be endured, this is so little true, that the proper administration of opium frequently alleviates them, and insures the better performance of the function. Squire's solution of bimeconate of morphia is a very good preparation, and from five to ten drops should be given every three or four hours until the abatement of pain. This is only a new application of an old form of the same valuable drug, for Fothergill and Petit Radel long since gave, for painful menstruation, a pill composed of a grain of thebaic extract every hour until the pain abated; and Dr. Gregory mentions in his lectures, that an anodyne enema administered at night sometimes brought back the catamenia before the morning.

Purgatives may be sometimes given with advantage to promote a return of menstruation, and it is always well before prescribing them, to inquire of the patient how many days before the menstrual flow the premonitory diarrhoea used to appear; or if the patient has not that symptom, the date of appearance of other menstrual

symptoms will be a sure guide as to the fit time for giving purgatives.

Before concluding what I have said relative to the means of increasing a deficient flow, I must briefly allude to the benefit often to be derived from the use of leeches. By the judicious application of a small number of leeches, the medical man will be sometimes able to originate the flow of the sanguineous fluid, in accordance with the views of nature. I say, the medical man, for he alone can decide whether the application of leeches is necessary, and if so, how many, and where they should be applied.

Much may be done to promote the healthy performance of this function; and, in the first place, for women to repine against a monthly infirmity, which must have been wisely ordained, is as useless as it is dangerous not to take it into consideration; it should therefore be met by a monthly regimen; not that I wish to recommend the total seclusion enjoined by Moses, and still practised in eastern countries, nor even the adoption of a well-understood conventional expression, by means of which the Swiss ladies denote their inability to accept an invitation,—“*Mes cousins sont venus de Lausanne.*” or by saying with the Italian fair sex,—“*Il Marchese è arrivato, non posso andare.*” Without adopting phrasology ill suited to the delicacy of English ladies, is it not possible to find some excuse, if the maintenance of health is at stake, when so many can be found for trivial purposes?

Following a former division, I will now add a few words relative to the management of the corporeal, the emotional, and the mental functions of women at this important time.

I. With respect to the body, I will again, for the

sake of clearness, first treat of what should be done, and then of what should be avoided. Amongst the more immediate measures to be employed to bring on the catamenia, or increase it when deficient, may be mentioned a brisk walk, particularly if the patient remain afterwards in a room raised to a higher temperature than usual. Warm drinks taken at night will also assist nature. A hip bath, either of hot water, or with the addition of a few ounces of mustard, will be of great assistance; and likewise mustard poultices to the lower part of the abdomen and to the thighs. The utility and mode of adopting these mild measures should be understood by all those who have girls intrusted to their care. Should the patient suffer considerably, or be affected with those strange symptoms which are well understood by the term *temper*, a warm purgative may be often administered with advantage the day before the flow is due; and the patient should be kept in bed the greater part of the following day, and be given a mild opiate.

As a result of what has been previously said, *damp linen* should be most carefully avoided; damp feet should be guarded against by the habit of always changing the shoes on returning from walking. Cold drinks should not be indulged in; nor acid drinks, for their well-known effect is to check a sanguineous flow. Balls and entertainments should be carefully avoided, for as at the menstrual period there is a greater susceptibility to atmospheric influences, the chance of catching cold is increased, whereas an abstinence from such entertainments would prevent the temptation of taking ices and acidulated drinks, or of dancing too much. Such are the things which should be avoided at certain times by women in good health; but if this time coincides with

illness, an additional remark suggests itself. Were women made to understand that the menstrual process is a salutary function, which often alleviates many of their complaints, and sometimes obscures their true nature, they would not choose so inconvenient a time for consulting us, when by stopping at home to nurse themselves they may frequently avoid even the necessity of having to seek our advice. They should also learn to leave off at those times all medicine and all hitherto prescribed treatment, unless under the special sanction of the medical attendant; and every girl should be taught the urgency of communicating the fact to her medical adviser whenever she may happen to be peculiarly circumstanced during illness, for the concealment or ignorance of this important fact has often led to injudicious treatment, and sometimes permanently impaired the patient's health, or at all events prevented speedy restoration by the non-adoption of the most appropriate plan of treatment.

II. With regard to the mental and emotional faculties of woman, to which I have already adverted, I shall again observe, that a solid education, or the cultivation of the reasoning powers, more than mere accomplishments, tends to keep in check eccentric tendencies and morbid emotions. Some days before, and at the time occupied by this function, the head is often very much affected by pain, vertigo, drowsiness, or dulness, in which case it should be less severely taxed than usual; and those occupied in the education of girls should bear in mind not only this, but likewise that the same regimen cannot suit all, and that each particular pupil may require a different amount and quality of mental exertion. If excess of mental exercise should be avoided at such times, how much more all undue

development of the emotions! This function often necessitates a much stronger appeal to the reasoning powers, or even to the religious feelings, than is at first believed. An additional annoyance is not felt by girls born in poverty and inured to hardships; but young ladies delicately brought up, in the midst of every luxury, when first subjected to this chain, are often painfully affected by so strange a necessity. "Am I to be subject all my life to this disgust?" is an expression which not unfrequently escapes a girl's lips; and if each revolving month brings back the same amount of intense pain, need we wonder if it should sometimes weigh heavily on the spirits, on the temper, and give rise to nervousness and hysteria, to increased repinings at their state, and to murmurings against Providence?

There are many reasons which a medical man may suggest to a mother, as best calculated to remove these erroneous impressions; such as, that man was created independent because destined to govern the family, society, and nature; while woman was made dependent, tied to hearth and home by a long chain of never-ending infirmities, as if to point out the destined sphere where her activity could find more happiness, although a paler glory. Instead, therefore, of despising herself on account of fetters, evidently necessary or they would never have been imposed, they should be worn with a proud humility, from the knowledge that in some mysterious way they seem to unite her more closely to her dearest earthly ties; from the remembrance also that if women have greater pains to endure, they are endowed with a greater capacity for joy, and that they derive infinitely more pleasure than men from the many forms of the one passion which alone harmonizes the

terrible discordances of this world. In addition to these, Holy Writ suggests another, and truly the physiologist can adduce no better reason:—"In sorrow shalt thou bring forth children," was said to woman with reference to uterine parturition, and this seems to me to hold good also in that periodical function which is intimately connected with the parturition of the germ by the ovary, and is therefore accompanied by pains of a similar nature, only much less intense. This is so true, that I do not consider the menstrual function to be healthily performed unless it be accompanied by at least some amount of spinal and ovarian pains. One of the most striking features of chlorosis is the total absence of such pains, and unless they reappear to some extent, a chlorotic patient can never be considered permanently cured.

What practical results can the medical man deduce from this long chapter, replete with miseries, the more deserving of his sympathy because he has himself been spared their infliction? What additional precept will he feel bound, and more particularly if he be a father or a brother, to communicate, as far as is in his power, to those who place such implicit confidence in him, that even feminine modesty forbids not their consulting him on matters of such painful delicacy.

IV. NEVER TO GIVE OR TAKE FORCING MEDICINES
IN ORDER TO PROMOTE THE REAPPEARANCE OR
THE INCREASE OF THE MENSTRUAL FLOW.

V. NEVER TO GIVE OR TAKE PURGATIVES DURING
THE WEEK BEFORE AND AFTER MENSTRUATION,
UNLESS BY MEDICAL ADVICE.

VI. NEVER TO ALLOW A DAUGHTER'S CONSTITUTION TO BE UNDERMINED BY PROFUSE OR VERY PAINFUL MENSTRUATION, OR BY PERMITTING IT TO RETURN AT SHORTER PERIODS THAN ONCE A MONTH.

VII. NEVER TO BE SO RECKLESS OF HER OWN OR HER DAUGHTER'S HEALTH, OR SO UNJUST TO HER MEDICAL ADVISER, AS TO LET HIM PRESCRIBE IN IGNORANCE OF HER STATE.

CHAPTER III.

ON THE RIGHT MANAGEMENT OF WOMEN DURING
MATRIMONIAL LIFE.

TO render more complete the sketch of that advice which should be imparted to mothers through the medium of the profession, so that they may duly perform the sacred duties entrusted to them alike by nature and society, I shall add a few remarks on menstruation during pregnancy and during lactation. And first I feel it right to observe, that much as we talk about the moral darkness of distant nations; notwithstanding the glowing terms in which the horrors of infanticide, as practised in China, are constantly depicted, and brightly as the light of Christianity shines upon us, too often, even amongst ourselves, is the moral principle blind to a clear perception of the respect due to the living creature.

There are many young married ladies, who, not knowing how, childlike, to repose on the wisdom of Providence, dread having children. They are fearful of the subjection to pain, of encumbrances, or expense; and whenever menstruation does not appear at its appointed time, they take violent purgatives, and fatigue themselves by excessive exercise, until they succeed in bringing it on. Far is it from my intention

to assert that those who follow so wrong a course have not been virtuously educated ; they are merely unconscious of doing wrong, and would be horror-struck at being told that their act is one which admits of no other term than that of murder. It is, then, their mother's fault for not explaining to them that it is just as sinful deliberately to destroy that which has received life within them, as to murder one of their fellow-creatures. How justly has it been written by a pen more eloquent than mine,* that "to extinguish the first spark of life is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man, these regular and successive stages of existence being the ordinances of God, subject alone to his Divine will, and appointed by sovereign wisdom and goodness as the exclusive means of preserving the race."

Although a sense of the dereliction of moral duty involved in this practice should be quite sufficient to cause it to be abandoned, still it is well that young women should know that such a line of conduct often exerts a very baneful influence on their own health. An important act cannot be thus abruptly stopped without reacting on the apparatus which has been its principal field of action ; and I am inclined to think that the frequency of uterine disease in the middle and higher classes of society is to be ascribed partly to this cause. To my certain conviction, in three instances where I know this to have been practised, it gave rise to extensive hypertrophy of the neck of the womb, occasionally complicated by erosions, the interminable per-

* Percival's Works, vol. ii. p. 430.

sistence of which morbid states I was long at a loss to explain.

“Sed non impune, puella
Sæpe, suos ntero quæ necat, ipsa perit.
Ipsa perit, ferturque toro resoluta capillos.”
OVID, *Amorum*. II. Eleg. xiv. l. 37 et seq.

Or, as Dryden has elegantly translated it:

“But righteous vengeance oft their crimes pursues,
And they are lost themselves, who would their children lose;
The pois’nous drugs, with mortal juices fill
Their veins, and undesign’d themselves they kill.
Themselves upon the bier are breathless borne
With hair tied up, which was in ringlets worn.”

These well-known lines of Ovid are always quoted in reference to the dangers which a mother brings on herself by inducing a miscarriage during the latter months of pregnancy; but I believe them to apply with equal force to the ill effects on a woman’s constitution of those very early miscarriages, which are often looked upon as merely the return of menstruation.

Pregnancy generally checks the periodical flow, but the exceptions to this rule are more numerous than is generally supposed. Denman, and some other writers, deny the possibility of its taking place at this time; but Dewees, Daventer, and Baudeloque, bear witness to the fact. Velpeau has seen eight well-authenticated cases; and on consulting my own notes, I find that the flow continued in eight per cent. In two per cent. it continued up to the second month, in five per cent. up to the period of quickening, and in one per cent. it continued regularly up to the period of parturition—the latter being a circumstance which I have met with in eight out of the eight hundred histories of the menstrual function which I have carefully taken down.

Friend says, that when pregnant women menstruate,

it is most frequently up to the third month of pregnancy; and that if menstruation continues to the end, the child is weak and delicate—an assertion which, although confirmed by the authority of Hippocrates, is not supported by facts sufficient to gain general admittance.

Certainly a young woman should be warned of the possibility of this occurrence, to prevent alarm and attempts to suppress the flow, even if it were only to make her aware of the necessity of seeking the advice of the man of science, who can alone distinguish between the flooding which it is necessary to check, and a natural discharge which is to be respected; and as the ignorance of this circumstance might be a cause of miscarriage, every young married woman should be informed, that although perfectly regular, she may still be pregnant, in order that nervous symptoms which may ensue, as well as vomiting and biliary derangement, may be mildly treated, and not by such energetic measures as might bring on abortion.

Profuse menstruation during pregnancy, or after a woman has been supposed to be pregnant, must be looked upon with suspicion, and demands a digital examination; by which means a half-detached ovum may sometimes be detected and removed by the finger, whereon the flooding often ceases. If the finger cannot displace the body, it is better to leave it alone, and not to make any rude or instrumental attempts to remove either it or the placenta. Careful instructions, however, should be given to those who wait upon the patient not to throw away anything that may be passed, as valuable elements of information may thus be denied to the medical attendant. Not unfrequently it happens that a patient says she has miscarried, that the burden

has been passed, and is thrown away, when only a large firm clot may have come away, and the child may still be living in the womb; and thus the patient's communication may lead the medical man into the error of prescribing strengthening medicines, exercise, or even horse-exercise, which may really bring on a miscarriage, and cast great ridicule and obloquy upon himself, as in an interesting case related by Dr. Montgomery; whereas if the attendant had been allowed a minute examination, he would have ascertained that the womb was larger than it ought to be, and he would have concluded that either there had been no abortion, or that a second ovum remained in the womb, or else that there was some uterine disease; each alternative calling imperatively for a guarded opinion.

Should the loss of blood return more frequently than the usual periods of menstruation, without its being accompanied by the usual symptoms, we may, like Morgagni, consider it an indication of some false conception developed with a foetus, or else some hydatid degeneration of the placenta, which I have myself seen, and of which Hodgkin, Montgomery, and others, have recorded cases. The diagnosis would receive confirmation from the fact of the patient being in a bad state of health, and from the development of the womb being either less or greater than corresponds with the supposed period of pregnancy.

With respect to the hygiene of menstruation during married life, we could only repeat an already twice-told tale; and common sense will sufficiently indicate the necessity for putting the husband in strict quarantine whenever the function is, however slightly, deranged.

As a general rule, I find that lactation checks the menstrual flow up to the tenth month. Dr. Meigs,

practising in Philadelphia, says, "that he expects his patients to become unwell at the seventh month of lactation;" but more frequently than is generally believed, the periodical flow coincides with the secretion of milk as early as the second or third month of lactation, and this in perfectly healthy women; and I am in a great measure able to confirm the assertion of our own excellent observer, Friend, who says, that "menstruation often continues regularly from the very beginning of lactation, *in lactantibus gracile corpore proeditis.*" Such was the constitution of Susan B——, Case 4,—who menstruated from the beginning of lactation.

As it is impossible to tell which young mother will be the exceptional case, it would be judicious to prepare all for the possibility of the event, so as to preclude the chance of their resorting to measures which might check the flow, to the detriment of their own or their child's health. The medical man must also be prepared with an answer to the important question which will be asked,—The courses have reappeared; am I to continue nursing? Now, if the flow occur at an early period of lactation in a woman enjoying average good health, and if the child be tolerably well, I think it judicious to advise the continuance of suckling; but if it does not happen before the ninth or tenth month of lactation, it is better to wean, even if the milk still agrees with the child, particularly if the mother or nurse suffers much from a sensation of sinking at the epigastric region, from flushes of heat, or from perspiration. One of the most judicious physicians of the last century—Tissot—greatly exaggerated the evil effects of menstruation returning during lactation, and imperatively ordered suckling to be immediately discontinued in all such cases. His plan was formerly followed by most authorities, and

though now relinquished by the profession, it still endures, with many others of our cast-off notions, as a popular prejudice. I will not positively assert that, as a rule, I believe the menstrual nixus to be an excellent galactagogue, because it would lead me to a greater length than my space will permit; but I will merely observe, that in permitting a young mother to continue suckling her child, or to retain the services of a wet-nurse, without breaking up her own arrangements, or depriving the servant of her livelihood on its appearance, I am countenanced, to my knowledge, by the recent experience of Dr. Trousseau, of Paris, and the plan derives support from the following facts:—

Having carefully interrogated 100 women in whom menstruation had returned at different periods of lactation, I learned that the quantity and quality of the milk remained the same at that time in	45
[The thriving of the children was my estimate of the quality of the milk.]	
That it was diminished only at the menstrual time in . . .	8
That it was completely checked in	1
That it was impoverished only at the menstrual time in . .	5
[By impoverishment the women meant that it looked like whey, and sickened the children.]	
That it impoverished the milk then and thenceforth in . .	2
That it was increased at the menstrual time in	24
That there was a rush of milk afterwards in	15

To test in a still more accurate manner the absence of any pernicious influence of the menstrual function on the milk, I lately requested my friend Dr. Hassall to examine microscopically the milk of a lady taken on the second day of menstruation, which had come on for the first time at the ninth month of lactation, and he reported that the milk was perfectly normal in quality.

Relative to lactation, another question is often asked,—and it is of the more importance, because writers do not

agree upon the subject,—“Is a nurse affected with disease to be allowed to suckle?” There can be no difference of opinion with respect to some diseases. If a nurse be affected with continued fever, or with syphilis, the child should be taken from her, although Mr. Acton—an authority on the subject—has almost proved that contagion is not then transmitted by the milk; likewise when, in consumptive women, the disease has not already dried up the sources of milk. It is also generally admitted, that slight indispositions should not interfere with what is the duty of the one, and a benefit to both parties; but writers are silent on the line of conduct to be adopted when the nursing mother becomes affected with eruptive fevers during lactation. For my own part, I have found that infants are less liable to take these disorders than those more advanced in years; and as it is known that the contagion is communicated by the skin, and not by the intestinal canal,—and as it may be justly supposed, that if an infant is to take the measles or scarlet fever, the poison will have already had its effect before it can be separated from the infected mother, I generally permit the mother or nurse to continue suckling.

Numerous and carefully-made observations lead me to admit, with Haller, Blundell, and Montgomery, that lactation does not prevent conception; I have met with numerous instances of the coincidence of a healthy lacteal secretion with every stage of pregnancy, and some few cases of mothers nursing at the same time a child, from two to three years of age, and the new-born babe; but I shall not enter upon this inquiry, interesting as it is in a physiological point of view, because it has no practical bearing on the subject in hand. Besides, I have made up my mind to improve upon some papers of practical utility—not to write a treatise.

But however imperfect this chapter must therefore be, I hope the reader will not have perused it without having gathered some additional hints for his own guidance in the difficult path of medical practice; and to be animated by that heartfelt desire of doing as much good as possible to those who, in the manifold infirmities dependent on marriage, come to him for advice. If married, he will also have more particularly learned to feel the highest possible intensity of anxiety for sufferings which do not fall to his own lot; and impelled by so many powerful motives, he will, in addition to the already approved rules, find the following worthy of being inculcated to married women, as much to promote their happiness as the welfare of mankind:

VIII. A RESPECT FOR WHATEVER MAY HAVE RECEIVED LIFE.

IX. A KNOWLEDGE OF THE POSSIBILITY OF MENSTRUATION CONTINUING DURING PREGNANCY, AND OF THE DANGER OF CONFOUNDING THIS WITH OTHER SANGUINEOUS UTERINE DISCHARGES.

X. A KNOWLEDGE OF THE POSSIBILITY OF MENSTRUATION CONTINUING DURING LACTATION, WITHOUT IN ANY WAY FORBIDDING IT.

CHAPTER IV.

ON THE MANAGEMENT OF WOMEN AT, AND AFTER
THE CESSATION OF, MENSTRUATION.

AMIDST the whole range of created beings it would be difficult to find one more worthy of the medical philosopher's deepest meditations than woman, in whom so many peculiar functions are grafted on those common to both sexes, and who thus admirably exemplifies the elasticity of that vital force which enables her constitution to bear up against the numerous derangements of the menstrual functions, against the complicated phenomena of childbearing and lactation, and then altogether to cast aside habits to which it has been wedded for so many years, in order to remodel the organism upon a new plan—a plan somewhat resembling that of man.

At puberty a similar change of constitution is often seen to take place in both sexes; a lymphatic being changed into a sanguine temperament.

Having shown by what means the derangements of the menstrual function may be prevented, I have now to treat of the management of women during the last of the many revolutions by which their lives may be chequered, for it stands to reason that habits which have lasted more than thirty years cannot be set aside without frequently entailing very serious ill health. Popular prejudice has termed "*critical*" the period of

life characterized by this change—a term warranted by the experience of past ages, bearing the test of daily observation, and which gives peculiar importance to this inquiry. In asserting that this period of life is critical, I do not mean, however, to maintain with the older authors, that more women than men die between the ages of forty-five and fifty-five—for Duparcieux and Benoist de Chateauneuf have, by statistical inquiry, proved the contrary to be the case,—but that the cessation of menstruation in women is followed by a greater amount of suffering and disease than is the lot of men during the corresponding portion of their career.

Admitting the cessation of menstruation to be a crisis in the life of women, it behoves us to know by what evils it may be attended, and the remedies by which they may be prevented or alleviated. But I deem it necessary to preface my remarks by a pathological sketch of a subject, deriving additional importance from its intricacy and extreme obscurity; for in the little that authors say on the matter, they generally copy each other, without, however, giving a satisfactory account of the diseases to which women are peculiarly subject at this time, much less any well-combined plan of treatment, only to be deduced from sound pathological views. Lest I should be accused of exaggerating the unsatisfactory state of pathology and therapeutics on this point, I shall quote from an esteemed author, who has so well shown the importance of the subject, that I regret he did not seriously set himself to the task of clearing up its obscurities.

“The complaints,” says Dr. Meigs,* “which women at the change of life often make, are often hushed with

* Diseases of Females, by Dr. Meigs, p. 446.

the unsatisfactory reply, that such complaints are owing to the change of life, and are likely to cease whenever that change shall become complete. A physician has no moral right, by his opinion, to put to sleep the anxieties of his patient, and to save himself the trouble of thinking by so concise and unphilosophical a mode of proceeding. Whenever, therefore, a female at this period, which is universally admitted to be a critical and dangerous time for her, comes to you to complain of symptoms referable to some morbid condition of the reproductive tissues, do you not perceive that it would be most clearly your duty to give a considerate attention to her relation, and not dismiss her until your judgment should be fully satisfied as to the therapeutical or hygienical indications of the case?"

As that pathology is soundest which reposes on the basis of physiology, I must first inquire into the habitual methods of termination of the menstrual function previous to investigating its diseased modes of cessation—or, in other words, elucidate, as I have previously done, the diseased condition by the *natural history* of the function. No better idea can be given of the different modes of termination of the menstrual function and of the subsequent disorders thence entailed, than by analyzing one hundred instances, wherein I have carefully noted the phenomena of its cessation, and of the patient's subsequent state of health:

With respect to the quantity of the menstrual flow,		
it terminated gradually in	39	per cent.
„ by a succession of floodings in	19	„
„ by a terminal flooding in	14	„
„ by alternations of a little and a		
„ considerable flow in	10	„
„ by a sudden stoppage in	18	„
With respect to the periods of its occurrence, the flow		
appeared at irregularly protracted intervals in	79	„
„ irregularly contracted periods in	21	„

The gradual termination, then, is the most frequent, and as it is attended by a less disturbance of health, we should favour this mode of termination, as far as lies in our power, by the adoption of the remedies and regimen by-and-by to be recommended; and here I may remark, that the frequency of flooding, amounting to thirty-three per cent., seems to indicate bleeding as the best imitation of the process by which nature seeks to work out the remodelling of the female constitution. A terminal flooding has no doubt been sometimes taken for a miscarriage, and *vice versâ*, but in both cases, as the same plan of treatment will be adopted, no danger can ensue. The sudden stoppage of the function claims more attention, for it occurs more frequently than is supposed at an early period of life; it may be then considered to be merely a temporary suppression, and lead to the use of forcing medicines, and to serious mischief, of which an example will presently be given. This mode of cessation is not unfrequently mistaken for pregnancy in women married late in life, or in those who have long ceased to bear children—a mistake the more easily made if cessation coincides with some amount of swelling of the abdomen and breasts with the secretion of milk, and other sympathetic disturbance, of which time only can show the fallacy. The converse may occur, and pregnancy be mistaken for cessation, and the imprudent employment of purgatives or forcing medicines may bring on a miscarriage. It should never be forgotten that pregnancy happening towards the fiftieth year has been too often considered an ovarian tumour and treated as such, to the detriment of both mother and child, even if the mistake does not cause the death of one or both.

I know of a very sad case wherein this mistake hap-

pened to a lady who had been married twelve years, without family, and in whom menstruation suddenly ceased at forty-eight. The lady believed herself to be pregnant; but the absence of previous conception, her advanced age, and her state of emaciation, led a very distinguished country practitioner to imagine her to be afflicted with an ovarian tumour. The lady came to town to consult an eminent obstetric physician, and receiving a confirmation of the former opinion, used a bandage, and applied mercurial ointment to the abdomen, but at the ninth month after she first supposed herself pregnant, she was delivered of a dead child. The Fabian policy is that best calculated to prevent such painful consequences: and *cunctando restituere rem* should be the motto of the medical adviser.

After a long period of cessation the flow may reappear and return regularly for months or years, without, however, indicating the return of procreative power. It has occurred to me to meet with an instance in which menstruation was protracted to the fifty-sixth year in a case in which I was lately consulted by my friend and colleague, Mr. Chippendale; and since then I have been consulted by another patient, gifted with a strong constitution, and although the lady is now in her fifty-eighth year, menstruation proceeds as regularly as ever. Amongst numerous instances related by authors, one of the most singular is that given by Meissner,* of a woman who first menstruated at twenty, her first child was born at forty-seven, and the last of seven other children at sixty. Menstruation ceased and reappeared at seventy-five, continuing until ninety-eight, then stopped for five years, again to return at the advanced

* Almanach für Aerzte und Nichtärzte Auf das Jahr 1817. Rostock und Leipzig.

age of one hundred and four, when—in 1812—she was still alive. Evidently confounding this occurrence with cases of flooding caused by organic uterine disease, Meissner and others attribute a host of evils to this reappearance of the periodie flow, whereas it is perfectly harmless, and should rather be considered as a salutary effort of nature to prevent serious disease in certain constitutions. All women should therefore be aware of the possibility of this occurrence, so that they may not forcibly repress the flow; but they should likewise be aware, that in such cases it is necessary for the medical man to make a very careful investigation, in order to ascertain whether the loss of blood does not depend on cancer of the womb, or on some organic disease of this viscus, susceptible of cure.

CASE VII.—Frances W—— applied for relief at the Paddington Free Dispensary, July 1, 1850. She was forty-six years of age, of sanguine temperament, and of middle stature. She was a washerwoman by occupation. First menstruating at seventeen, she continued regularly to do so, and that very abundantly for seven days every month. She married at twenty-one, and had nine children, the last at forty-four. The last was a bad labour, and she has suffered ever since from pain in the back. Two months previous to her admission, instead of menstruating as usual, she had a *show* every day; a fortnight before she applied for relief she had a sanious discharge, and on the day of her admission she had suddenly lost about a pint of blood. I looked on these phenomena as indicating cessation. A few days after this she was taken with intense flooding, and in the space of sixteen hours she had lost from two to three quarts of blood. Having been called to attend a patient some miles from town, Mr. Hammond, of Paddington-green, kindly

visited her during my absence, and on my return I found her reduced to the greatest state of debility. There was a very weak pulse, fainting and jactitation. As the flooding still continued, I passed a lump of ice up the vagina, ordering it to be replaced by another as soon as the first was melted. I also applied ice to the hypogastric region, and a bandage as to a woman recently confined. The flooding soon stopped, and was followed by a muco-sanious discharge. A digital examination made during the flooding, convinced me that there was serious organic disease of the womb, and from the irregularity of the internal surface of the neck of the womb, into which the finger easily plunged, and from the hardness of the tissues, I was afraid the disease was cancer, but on making a specular examination a fortnight after, I found the orifice of the neck of the womb surrounded by lobules about the size of a large pea, and the inner surface of its neck highly vascular, in some portions ulcerated, and the whole of the organ much engorged. Being convinced from ocular inspection that the disease was of a purely inflammatory nature, I adopted the treatment which I have found the most useful in such cases. I touched the surface with the solid nitrate of silver, and a week after I gently applied the potassa fusa c. calce to the same surface, when the swelling diminished, and the structures put on a healthy aspect. Six subsequent applications of nitrate of silver cured one of the most frightful examples of uterine disease I have ever met with. The patient soon recovered her strength, but menstruation remained irregular. On Dec. 12, she again came to the Dispensary because the menstrual flow had lately remained on her for a fortnight, and had been very profuse. On examination,

the womb, however, was found perfectly sound; and so it was in May, 1851, when I last saw the patient.

Few cases can be more instructive than the above. If the symptoms of uterine disease following the last confinement had been attended to, the patient would not have been placed at death's door by flooding. By means of the speculum alone was it possible to ascertain that the disease was not cancer but inflammation. It was only by the use of the same instrument that I was also able to cure so serious a disease in a few weeks, and to restore the patient to the laborious duties on which she depends for the maintenance of her children.

No department of pathology has given rise to so much confusion as that which treats of the diseases of women at the critical time; while some, with Dewees and Meissner, deny that women are then more liable to disease, others, with Gardanne,* seem to consider as diseases of the critical time all those which may afflict a woman after she has passed her fiftieth year—a position evidently untenable, for many diseases attack women at that period, not because they are women, but on account of their being advanced in years, such as affections of the heart or of the larger vessels, and softening of the brain, which are affections of old age.

Diseases of the critical time may be divided into—1st, those which are of very frequent occurrence, and may be foreseen; 2nd, those which occur as a repetition of morbid phenomena observed previous to first menstruation; 3rdly, there are others which escape all calculation, and can only be explained by the well-known fact, that the impetus of morbid action tells most forcibly

* *Avis aux femmes qui entrent dans l'age critique.* Paris, 1816.

on the weakest organ, for we must be cautious not to consider as disease of the critical time that which would have been long before discovered if looked for, as in the case just related of Frances W—. However, those complaints which, although previously developed, proceed with increased activity after that time, may fairly be considered as the result of an alteration in the constitution brought about by the change of life.

1st. Convinced that a minute investigation into the *natural history* of the phenomena of cessation could alone give me an insight into the diseases of that epoch, I have carefully noted the morbid phenomena which occurred at cessation in one hundred women, and it seems to me that some of the most frequent symptoms may be referred to the cerebro-spinal system, and others to the ganglionic system of nerves.

CEREBRAL SYMPTOMS.

Headache, sick-headache, hysteria, and pseudo-narcotism had existed at menstruation in . . .	64 per cent.
They were augmented in	36 "
„ remained the same in	18 "
„ were less in	10 "
„ did not exist in	36 "
	<hr/> 100

Thus, when the habitual derivation from the sanguineous mass was no longer regularly performed every month, the cerebral symptoms were increased in thirty-six per cent.

The most frequent of all the symptoms of menstruation is a peculiar cerebral symptom, not actual pain, sick headache, or hysteria, but *pseudo-narcotism*, which is a dull, heavy, stupid feeling, with a great tendency to sleep. It is seen in the greatest intensity previous to

the first and last menstruation, and in the vigour of womanhood, as a consequence of the sudden suppression of the flow. It varies from a slight heaviness to variable shades of intensity, which prompt women, at different periods of life, to complain "of a dimness of eyes," of "a heaviness in the head," of "a stupid feeling," "of a stupid headache," "of feeling heavy for sleep, but without pain," "of the possibility of sleeping anywhere," "of feeling lost and bewildered," "of a temporary loss of wits," "of the fear of going mad." I recall the sense, although I may not the force, of the expressions by which I have so often heard women prove that the ovario-uterine organs have a specific influence on the cerebro-spinal system. It is so true that the peculiar state I have described resembles the influence of quantities of narcotic poisons on the brain, that when women of an advanced age present such phenomena, they are frequently, although in most cases erroneously, accused of being fond of drinking, which is the best proof of the truthfulness of the term proposed.

The proportions of this little work do not permit me to dwell at greater length on this most interesting topic; I must therefore return to it another time, having now merely taken the opportunity of giving some of the reasons which have led me to introduce the term *pseudo-narcotism* to express a state of the nervous functions which, although noticed by Ashwell, Gardanne, Meissner, and others, has never received sufficient consideration from the profession; being only partially alluded to by those who have written on hysteria and cephalalgia, and which will never be sufficiently studied until, distinguished by a *name*, it receives a local habitation amongst recorded facts.

SPINAL SYMPTOMS.

Spinal or dorsal pains had existed in	70 per cent.
They were augmented in	46 "
" the same in	17 "
" less in	7 "
They did not exist in	30 "
	<hr/> 100

Hypogastric pains of a bearing-down character, referred by women to the regions of the womb and ovaries, had existed in	51 per cent.
They were augmented in	30 "
" the same in	12 "
" less in	9 "
There were none in	49 "
	<hr/> 100

Thus the nervous influence which used to direct a regular discharge is still in force, a fact proved by the persistence of the spinal pains in seventy, and of the hypogastric in fifty-one per cent. They sometimes appear regularly every month, not unfrequently determining, in some severe cases, both leucorrhœa and diarrhœa.

GANGLIONIC SYMPTOMS.

Am I wrong in referring the following symptoms, more particularly to that nervous system, the filaments of which, like a web, envelop the smallest arterial vessel in their inextricable mazes?

Sensations of faintness, exhaustion, and sinking —often referred to the epigastric region—ex- isted in	26 per cent.
Heats and flushes were noticed in	38 "
Perspirations in	30 "
Drenching sweats in	16 "

These symptoms, little dwelt on by pathologists, derive great importance from their frequency, and also from the insight they afford into the means by which

nature relieves the system of the fluids that are no longer discharged every month; for when the periodical secretions from the uterine and the intestinal surfaces are checked, it seems as if the mass of fluids were often thrown on the extensive surface of the skin, which is so frequently found to stand in antagonistic relation to these surfaces; thence arise the heats, the flushes, the gentle perspirations, by which, in the generality of cases, further mischief is prevented. It is not surprising that it should be so, for long ago Sanctorius established that—"Insensible perspiration alone discharges much more than all the sensible evacuations put together."—*Sec. I., Aph. iv.*

It will be remarked, however, that in sixteen per cent. the cutaneous exhalation, by its amount, became itself a disease, without relieving the patients so well as the more moderate exhalation; which would not be understood were it not for the uncontradicted statements of the same accurate observer—"That perspiration, which is beneficial, and most clears the body of superfluous matter, is not what goes off with sweat, but that insensible steam or vapour which in winter time exhales to about the quantity of fifty ounces in the space of one natural day." *Sec. I., Aph. xxi.* — "Sweat is always from some violent cause; and as such,—as static experiments demonstrate,—it hinders the insensible exhalation of the digested perspirable matter." *Sec. V., Aph. iii.*

The drenching perspirations seldom last very long, but the heats, the flushes, the gentle perspirations, often continue to appear several times a day ten or sixteen years after the cessation of menstruation. The salutary effects to be derived from this agency, the value of which

has been too little understood, are well exemplified by the following singular case :

CASE VIII.—Janc A—, aged forty, with dark hair, grey eyes, of small stature, nervous constitution, and slender make, was admitted at the Farringdon Dispensary on February 8th last. After having frequently suffered for two years with violent headache and giddiness, she menstruated for the first time between fifteen and sixteen ; was regular from the first, and continued so, and very abundantly, during seven days every month. She married at sixteen, became pregnant immediately ; had seven children, the last in her twenty-sixth year ; was always poorly until she quickened, and in three pregnancies she menstruated regularly up to the period of parturition. Last summer she was treated, at the Royal Free Hospital, for rheumatic fever ; and after having been confined to her bed for three weeks, she returned to her domestic duties, merely complaining of some slight pain, extending from the left hip to the great toe. Menstruation proceeded regularly during the patient's stay at the hospital, appeared four times after her return home, and then stopped—a circumstance which made her believe she was pregnant. The patient complained of an intolerable increase of the pain in the left lower limb ; and on examination I found that pressure on the spine did not increase or cause the pain. To all appearances the left limb was as sound as the right ; and the pain was said to arise from before the great trochanter, and to gain the back of the limb, following the course of the great sciatic nerve and its subdivisions to the toes. The patient was not strong, the pulse was weak, the urine clear and of the usual colour. I ordered a blister to the spot which was the most painful, pills of

compound extract of colocyath, and a sedative mixture. The blister did not relieve the excruciating pain. Turpentine embrocations were added, the other measures continued, and the blister was repeated, without the least benefit.

March 8th.—The patient said that she no longer thought herself pregnant, and she suggested that her pains might have been caused by the sudden cessation of menstruation five months previously. On learning that she had lately had flushes and nightly perspirations that she had never experienced before, I adopted the patient's view of her case, and ordered her to take, as an emetic, one scruple of ipecacuanha with one grain of tartar-emetic, to continue the mixture and the pills, and to take in milk a teaspoonful of flower of sulphur on going to bed at night.

15th.—The heats and perspirations had increased; the pains had much abated. I ordered another emetic, and continued the other measures.

29th.—The pain is very trifling, and the heats, flushes, and perspirations, are more frequent, coming on not only on exertion, but in bed, at night and in the morning.

April 6th.—I ordered the following powder: flowers of sulphur two ounces, bicarbonate of soda two drachms, and ten grains of ipecacuanha,—a teaspoonful in a little milk every night.

June 11th.—She has had no return of pain; but whenever she has been without the flushes and perspirations, she suffers either from headache or else from the *sensation* of something working to bring on the pain in the leg. It is now more than ten months since she menstruated.

Jane A— has not suffered in any other way from the

cessation of menstruation; and when we consider that she was subject to a copious discharge every month, we can understand that she should feel the effects of its sudden cessation; and, further, when we remember that in her constitution there was a great predominance of the nervous system, it is not surprising that this system bore the brunt of the sudden shock, particularly that portion of it which was predisposed to illness by the previous attack of rheumatism.

By continuing the medicines prescribed, and a careful regimen, I have no doubt that the patient will be enabled to get safely over the change of life; but if she were to become careless in her diet, and neglectful of her treatment, the previous violent pains, or some other disease, would probably soon appear.

Acting on the same principle of preferring a less to a greater evil, in two cases wherein loss of voice occurred at the change of life, I have given signal relief to the patients as soon as I had been able to determine the daily appearance of the flushes and perspirations; and as the patients had previously been under long and judicious treatment without much benefit, and as the great improvement in the voice of both ladies coincided with this determination to the skin, I consider that the patients' recovery should fairly be ascribed to that cause.

A case somewhat similar to that of Jane A— is recorded by Gardanne,—p. 394. He mentions, that a woman of a strong constitution, at her forty-fifth year, suddenly ceased to menstruate; and at the same time she was seized with violent pains in the left thigh, which increased so rapidly, that at the end of four months she was not able to move the limb. As the woman had suffered from syphilis in her youth, mercurials were given, but without effect. Sabatier and Gardanne then

advised moxas to be applied to the leg, which produced slight fever and great perspiration, and restored the use of the leg to the patient.

Siebold mentions a case of sudden cessation, followed by abundant perspiration; and Tissot also alludes to the fact, that when intermittents were frequent, he sometimes saw menstruation finish by an intermittent fever, which, by greatly augmenting the perspirations, relieved the patient of the other infirmities which so often attend this critical change.

Amongst other diseases occurring frequently at the cessation of menstruation, I must first notice those which implicate the organs that have attained the last stage of their functional activity—the womb and ovaries.

I have already shown that flooding occurred, under various circumstances, in thirty-three per cent. of cases. An increased mucous secretion from the generative intestine is also a very frequent circumstance, for I found that—

Leucorrhœa had existed in	58 per cent.
„ was augmented in	44 „
„ was stationary in	8 „
„ was diminished in	6 „

My experience confirms that of Lisfranc and Meissner, who assert that the cessation of menstruation is rather curative than productive of inflammatory diseases of the womb; the physiological atrophy of the organ checking its inflammatory development, for I only found four per cent. of inflammatory affections of the womb. It has happened that I have not met with a single case of cancer; but it is too well known that, at the change of life, women are more than ever, and more than man, liable to that terrific infliction—a fact which has been brought out in strong relief in the valuable table re-

ently published by the Registrar-General, and the latest of the many benefits conferred on the profession by Mr. William Farr.

With respect to ovarian and uterine tumours, Dupuytren, who had for years vast opportunities of observation, and who paid great attention to the subject, asserted that one-tenth of all the women dying between forty and sixty presented some abnormal development of the womb or ovaries. Meissner, so far as Germany is concerned, denies the accuracy of this assertion. I am not in a position to say how far it is true in England; but the table to which I have referred shows that it is with ovarian tumours as with cancer—by far the greater number of cases occur between forty and sixty years of age.

It is not difficult to understand that the pelvic plethora should often seek to find a vent on a surface intimately associated with the uterine; and accordingly it was found that

Hæmorrhoids existed to various extents in . . .	20 per cent.
They appeared for the first time after cessation in 12	
„ did not bleed in 4	„
„ were bleeding in 8	„
„ were considerably increased after cessation in 4	„
„ remained the same in 2	„
„ diminished at cessation in 2	„
Intestinal hæmorrhage existed in 2	„

In some cases, either because the intestinal plethora was less considerable, or because the nervous impulse was less, there was an increased mucous discharge from the intestines, instead of hæmorrhage.

Diarrhœa existed in	12 per cent.
„ was irregular in 8	„
„ was regular by coming on every month in 4	„

When diarrhœa occurs at the change of life, it gene-

rally appears at irregular intervals; it may, however, adopt the regularity of the menstrual function, as in the instance of a lady forty-five years of age, in whom, at the accustomed time, diarrhœa came on, which the patient usually found to be the forerunner of menstruation. The former lasted three days, and gave relief, although it was not followed by the sanguinoid flow then, nor ever afterwards: thus every month for a whole year diarrhœa came to the patient's relief.

I lately met with a case where there had never been any premonitory diarrhœa; nevertheless, the cessation of menstruation was for five years followed by an habitual looseness of bowels, occurring two or three times a day, generally without colics. The patient enjoyed good health during that time, and is now a stout and tolerably healthy woman. Dr. Day notices the salutary effects of diarrhœa, consisting of watery evacuations, taking place without apparent cause every three or four months after the cessation of menstruation; and he mentions the case of a lady eighty-seven years of age, in whom for the last thirty years this had occurred with great advantage. As a general rule, however, when diarrhœa has habitually accompanied menstruation, there is at the change of life a gradual diminution of both discharges, the cessation of the one marking the termination of the other.

Such is the long list of infirmities which seem to me evidently dependent on the change; but to prevent an erroneous impression respecting the dangers of this crisis, we should observe that many of these diseases existed in the same patient, and that their repeated occurrence was spread over a space of time varying from one to ten years. The perusal of this list is sufficient to convince any medical man that the unavoidable diseases of cessa-

tion are more annoying than dangerous, and that the most frequent have attracted the least attention, while undue consideration has been given to those of less frequent occurrence.

2nd. With regard to the numerous other diseases which have been set down by some authors as those of cessation, there seems to be a possibility of referring them to a law, expressed by saying that *those affections which precede the first appearance of menstruation may likewise be expected to precede its cessation*. In proof that this position does not rest on my unsupported assertion, I shall state that Baron Alibert related to me that he had observed some cutaneous eruptions to appear twice only in life—once before first menstruation, and once at its cessation. Brierre de Boismont and other authors likewise notice the appearance of hysteria and epilepsy before these two important epochs in the lifetime of woman, the patients' life having been free from these diseases during the intervening portion of their life. In my own practice, I have twice seen them preceded by an abundant eruption of boils, frequently by continued diarrhœa, and still oftener by a great amount of pseudo-narcotism and hysteria in cases where there was little or none during the persistence of the menstrual function, childbearing, or lactation.

3rd. With respect to the other diseases of cessation, I can only repeat that their appearance depends on some constitutional peculiarity, and is governed by no other law except that which directs the impetus of any morbid action to the weakest organ. Frequently, however, this explanation will not hold good, as in the case of a lady who consulted me very lately. For the last ten years since cessation she had been more or less troubled with water-brash, although previously to that epoch she had

never even suffered from indigestion. The following is a good illustration of the same fact:

CASE IX.—Maria B——, aged fifty, first menstruated between her eighteenth and nineteenth years, with little previous disturbance, and continued regular until twenty years of age, when she married. She has had nine children, the last when forty-four years of age. At forty-eight she had several floodings, but without much increase of pains in the head. The catamenia ceased at forty-nine; this was followed by no disturbance of health, except by a severe attack of nettle-rash, three months after, on the chest and body, which disappeared on the proper medicines being administered; twice, however, it has recurred at irregular periods, and on the 28th of March last she applied for relief at the Farringdon Dispensary for a fourth well-marked attack of the disease on the lower part of the body and thighs.

As this patient had never before had the slightest rash, and as this nettle-rash has appeared four times in the year which has elapsed since cessation, I believe it to have been caused by this crisis, as in the case cited by Tissot, of erysipelas of the face occurring fifteen times during the two first years after cessation, less frequently during the two next years, and only once during the fifth year. I do not mention these cases to prove that cutaneous diseases frequently happen at this time,—for they only form six per cent. of mine,—but merely to give an example of what should be understood by diseases of the critical time.

It will be easy for any one to fill up the deficiencies of this chapter, in which I have only been able to sketch broadly the principal outlines of a most interesting subject, that has never yet been treated in a manner deserving of its importance. My object has been, to

attempt to elucidate from more careful investigations some general rules of treatment, and the conclusion to which I have been led is—*that the regulation of the circulating and of the nervous systems* are the guiding principles of action, to be constantly kept in mind to promote the cure of, or at least to guard against, the diseases brought on by the change of life; and this can only be effected by combining a judicious regimen with various therapeutical means, to which I shall devote my last chapter.

REGIMEN.

What has already been said upon this subject applies with equal force to women who have arrived at the turning point of life; but to derive benefit from the best advice, it is necessary to believe in the evils it is intended to avert. Women should therefore be impressed with the conviction of the dangers that await them; while, at the same time, they should be convinced that those which they really have to fear depend upon causes almost entirely under their own control. Unfortunately, it too often happens that women are not made aware of the necessity of precautions till the function has entirely ceased; whereas, these should be taken as soon as nature shows its intention to effect a change by repeated irregularities in the *amount* of the accustomed discharge, as well as in the time of its appearance.

For practical purposes, women at the change of life may be divided into—

1st. Those who are endowed with a strong constitution, and who are, generally speaking, of a sanguine temperament.

2nd. Those who are of a weak constitution, either

on account of their having been endowed with too great a predominance of the lymphatic or of the nervous temperament, or from long-continued ill health.

In general, those who are of a lymphatic temperament suffer least at the change of life, and they often afterwards become more sanguine, muscular, and subsequently robust.

The nervous, on the contrary, are often liable to repeated floodings, and suffer considerably from the different varieties of head symptoms which I have enumerated. The sanguine are those on whom the change of life tells most forcibly, and this may necessitate for many years the most prudent use of many things previously enjoyed with perfect impunity. Descending from generalities into practical details, I shall observe, that while the lymphatic and the nervous need make no change in their mode of living, the sanguine—those who are of a full habit—would do well to put themselves on Lenten fare, to dine off the lighter kinds of fish two or three times a week; and it is better to make the principal meal at the fashionable luncheon-hour of two o'clock, in order that the last meal may be a very light one, which can well be managed, even if the usages of society should require a lady's presence at a seven o'clock dinner-table. The strongly constituted, as well as the weak, often suffer from most annoying sensations of internal sinking, exhaustion, and faintness; but it is dangerous to seek to relieve such feelings with wine, cordials, and spirits, by which a temporary support only can be obtained at the expense of an increase in the faintness, flushes, perspirations, and nervous symptoms. Is it necessary to mention that these symptoms will be increased, by the frequenting of Balls, Routs, Operas, &c., where, in addition to the numerous stimuli to be

encountered, hot and impure air must be breathed? But if the late-hour exercises of civilized life are dangerous to all, particularly to the sanguine, gentle, regular, and long-continued exercise in the cool of the day is very beneficial; it prevents the congestion of internal organs by diverting the blood to the muscles and the skin, the secretions of which vast surface are thus greatly increased; and it also has an uncontested good effect on the nervous functions, exhausting those redundant energies which, however little understood, when unemployed produce the fidgets, nervousness, temper, hysteria—a sliding scale which so imperceptibly leads to more serious mental disorders, that its successive stages pass unnoticed until the desolating climax demands strict inquiry into its cause.

My observations relative to exercise apply more particularly to walking; driving in an open carriage is likewise good, but horse exercise should be left off when menstruation is ceasing; indeed its utility in favouring menstruation sufficiently points to the discontinuance of the practice at cessation.

It must not be forgotten that sleep is truly “great nature’s second course,” and therefore should not be too freely indulged in by those who are of a full habit—they, should rise early; the nervous, on the contrary, may be encouraged to take as much sleep as nature will give them, as it is for them the best restorative, and an anti-spasmodic of heroic force.

One word respecting dress, although I feel that it is one of those subjects of which the poet says—

“Fools rush in where angels fear to tread.”

At the cessation of menstruation the vicarious functions of the skin are so important as to require its being

covered as much as possible. Tight lacing, hurtful at all times, is perhaps most so at the cessation of menstruation, as it favours the congestion of the abdominal viscera, though nobody will deny the necessity of giving them proper support by well-contrived stays.

Another very important observance to all, is the proper cultivation of the healthiness of the skin. We have seen how frequently this vast surface is vicariously entrusted with most of the labour which the uterine surface now refuses to accomplish, and thus we obtain an insight into the utility of frequent ablutions at this period of life. By ablutions I do not mean washing with a sponge or towel, but real ablution in a bath. It is surprising of how much effete matter a skin, which even looks clean, is deprived, by the body being allowed to soak in hot water for half an hour or more. The habitual use of the bath was found so useful by the Greeks and Romans, and is now in such constant use in neighbouring countries enjoying a climate similar to our own, that it is surprising that so few English women, of whatever grade of society, have recourse to bathing, except some, perhaps, for a few weeks of the year at the sea-side. The practice of bathing is not only to be advocated on the plea of cleanliness, and facilitating the removal of the excretions from the body, but it has a direct sedative influence on the nervous system; it seems to absorb that morbid irritability arising from an undue development of the mind at the expense of the body, and leaves a feeling of comfort and repose not wholly to be attributed to the consciousness of being clean. The bath should be used at least every week by those who are at the change of life, and more frequently by those who suffer much from profuse perspirations. The water should be sufficiently

warm to impart a grateful sensation—from 94° to 98° ,—the patient remaining in it half an hour, or an hour; and the head can be sponged with cold water, if the first impression of the bath is to cause headache. If employed when the function has not ceased, the time of the flow should not be chosen to take the bath, for it might produce flooding.

What I have said respecting the management of the skin reminds me that it may be usefully influenced by friction, moderately and gently performed by a practised hand. While watching in Eastern countries the long-continued and gentle rubbing of the limbs and feet of the rich by their attendants, I could not help thinking that the process might, perhaps, be less due to the mechanical friction than to some kind of influence of friction on the nervous expansions, with which the skin is so abundantly supplied. Rubbing until the skin glows, or the actual grooming of the human body, may be very useful to improve the health of scrofulous children, or chlorotic girls, but it is not adapted for women at this late period of life.

My former reflections on the moral and mental management of women are now equally applicable. The full conviction that age has stamped them with its irrevocable seal may indeed cast a momentary gloom over the imagination, but in a well-trained mind it must soon be dispelled, if not by the consciousness of an useful career, at least by the knowledge that this epoch proclaims an immunity from the perils of child-bearing and the tedious annoyances of a monthly restraint; that it may even promise them a length of life and a strength of constitution superior in general to that of the opposite sex similarly advanced in years. This period of freedom has been employed by

many eminent women in literary pursuits, or in governing with great discretion that circle of society, limited or extensive, in which they have been placed; becoming then the guides, the supports, and the mainstays of both sexes in the difficulties of life. It is well that those who have suffered much at every month should know that there is every reason to believe that their "constitution will then at last settle" into permanent good health.

Solomon asserted "there is a time for all things,"* and he would have added, particularly for marriage, if he had found it necessary to give us the benefit of his vast experience in the management of a sex he understood so well. Early marriages generally ruin a woman's constitution, and late marriages—those which take place towards the critical time†—are often attended by bad consequences. Widows towards the evening of life, if tempted by the happiness of a former union to risk another, should accept the matrimonial tie as the public sanction of valued friendship, and doubtless the varied fortunes of relatives,—of children and their establishment in life; the rise of another generation, and the advancement of all in the much disputed battle-field of society, on which the weakest stands so great a chance of being trodden under foot, will afford to the affections a sufficiently extensive scope of useful activity. Those

* Ecclesiastes, chap. iii. ver. 1, "There is a time to every purpose." Ver. 17; chap. viii. ver. 6; chap. iii. ver. 2, "A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted," &c.

† Chez plusieurs femmes l'orgasme vénérien se fait sentir pour la première fois avec violence vers le temps critique, et alors dixneuf fois en vingt il faut en accuser l'irritation de la matrice, de la même manière que chez l'homme l'irritation plus éloignée de la vessie détermine de fréquentes irritations des organes reproducteurs."—BRIERRE DE BOISMONT.

who have attained their sunset without having chosen to partake of the anxious, though desirable vicissitudes of wedded life, should be careful how they change their lot; and surely the most destitute of relatives, the most unfortunate in friendships, can ever find, in the various forms of unmerited affliction which fill our country cottages or the hovels of our populous cities, that whereon to expend a warmth of feeling, an energy of self-sacrifice, which the sophisticated state of society has not permitted to flow into the natural and more grateful channels.

Much less should any vain and desperate attempts be made to stay the inexorable hand of time by protracting the re-appearance of the sign of womanhood. The use, or rather the abuse, of emmenagogues, or forcing medicines, at this period of life, would be a subject alike interesting and painful to the medical moralist; but it is better to drop the curtain on many of the wounds to which we are often asked to administer relief, and I shall close the subject by a ease which exemplifies some of the foregoing remarks.

CASE X.—Some years ago I was consulted by Mrs. —, aged forty-eight, with dark hair and eyes. First menstruating at fourteen, she had continued regularly to do so, and without much pain, during all her life. When about twenty-five she formed a strong attachment, but family circumstances prevented an union from taking place. This attachment was kept up with a perseverance that would grace a novel, till fortune smiled upon them, and in her forty-fifth year the lady married. Menstruation had proceeded regularly as to time, quantity, and symptoms, up to the period of marriage, but subsequently it never re-appeared. As this sudden cessation coincided with gastric symptoms, a

tympanitic tension of the abdomen, and, above all, a great anxiety for children, the patient was considered pregnant, and carefully watched for many months. When the illusion was destroyed, the lady became disconsolate; and, punctilious in her notions respecting honour, she brooded over the possibility of her husband supposing that the courses had already stopped previous to her marriage. She consulted me, and was ready to submit to any operation. After a minute investigation of the case, I intimated my conviction that she was in perfect health, and that menstruation had ceased in an unusual manner. The patient would, I think, have given all she possessed to have been able to obtain another interpretation of the fact; and she left me dissatisfied. About a year afterwards I was asked to see the same patient again, and learned that, having consulted some one else, she had taken steel, purgatives, and strong medicines, with port wine and meat twice a day, without effect for the first few months, but then she had a terrific flooding. She had subsequently had continued sanguinoid discharge for several months, inducing a state of great emaciation, and the usual symptoms of uterine disease. On examination, I found a general painful swelling of the womb, with granulations on both lips. Leeches to the seat of the disorder, and the repeated application of nitrate of silver, cured these local diseases, but her nervous system never recovered the effect of an ill-advised treatment; and, to use the mildest term, she is at all times in a highly hysterical state.

This sad case, and the foregoing hints, will suggest to a medical man the advice necessary to be given to women passing through this critical epoch: and with this I should be inclined to conclude a subject already perhaps irksome to many, but as women at the change of life are

affected with so many indispositions, and diseases so pertinacious, complicated, and shrouded in such misty confusion, I shall, in a concluding chapter, advert more fully to their treatment. So long and so important a portion of the subject must not, however, be concluded without affording some useful instruction, and some additional axioms, so full of healthful import, that they should be engraven in letters of gold on the memory of all, as valuable assistants in maintaining the health and happiness of the best portion of our race.

What further advice, then, should the medical man impart to those who, with becoming dignity, descend the last steps in a great epoch of life? for surely filial recollections must make him anxious to remove the thorns and thistles by which those steps may be encumbered, and to sustain the strength of the homebound pilgrims, in order that, when the final goal is reached, they may submit with Christian equanimity to the last labour-pang to be endured in a probationary world. He must not fail, then, to impart to these sufferers:

XI. A KNOWLEDGE OF THE REALITY OF THE DANGERS
BY WHICH THE CHANGE OF LIFE IS ATTENDED.

XII. A CONVICTION THAT THESE DANGERS CAN, FOR
THE MOST PART, BE AVOIDED BY A JUDICIOUS
LINE OF CONDUCT.

CHAPTER V.

ON THE TREATMENT OF DISEASES AT THE CHANGE
OF LIFE.

BLOODLETTING.

AS the track of the caravan across the desert, of the fisherman by the sea-shore, and even as that of the peasant across a little field, is never a straight line, but is made up of a succession of undulations ; so the pilgrim in his journey over the plains of scientific research seems to be constantly describing zigzags between extremes. The history of bloodletting well illustrates this oscillating tendency of the human mind. The profession have sometimes used this most valuable of remedial measures to a disastrous extent, while at others they have neglected it altogether ; this partly depends, no doubt, on a variation in the epidemic medical constitution, but still more on the remembrance of the previous excesses, or on the influence of fashion. If Dr. H. Holland were to rewrite his "Medical Notes and Reflections," he would no longer state, as he did in 1839, that "current opinions and prejudices are wholly on the side of bleeding," and "that a physician needs all his firmness to decline the practice." Now, on the contrary, the tables are turned, and those who, in their dogmatic writings, advocate the utility of bleeding in certain well-chosen cases, conforming in practice to the general prejudice, never bleed ;

and would, I doubt not, add their testimony to that of a distinguished member of the profession, who told me lately, that in his private and hospital practice together, he had only bled one patient in the space of four years.

Nothing shows more forcibly the truth of this assertion than a fact lately made known by Dr. Webster—that during the last year not a single patient had been bled at the Fever Hospital, although a great many cases of idiopathic inflammation are received there.

Is it not probable that by totally neglecting blood-letting in inflammatory affections, we deprive ourselves of the means of making calomel, antimony, and other remedies, exert their influence so speedily as they would if their employment were preceded by moderate bleeding? Without stopping to discuss the subject, bleeding must undoubtedly be considered valuable in active hæmorrhage, exerting its influence by its mechanical or hydraulic, as well as by its dynamic effects; and it seems to me that the careful perusal of my last chapter warrants the conclusion that the redundancy of blood of which nature has no means of disposing at the demise of the ovarian function, is the principal source of disease at cessation, whence the following corollary, that blood-letting, so often effected by nature at this period of life, should not be overlooked by those who pride themselves on understanding and on imitating her proceedings.

The *natural history* of menstruation informs us that at its cessation, nature relieved patients by an amount of sanguineous discharge, which they called flooding, in a proportion of cases to be gathered from the following table, which has also been inserted in a former page:

With respect to the quantity of the menstrual flow,		
it terminated gradually in	39	per cent.
„ by a succession of floodings in . . .	19	„
„ by a terminal flooding in . . .	14	„
„ by alternations of a little and		
considerable flow in . . .	10	„
„ by a sudden stoppage in . . .	18	„
With respect to the periods of its occurrence, the flow		
appeared at irregularly protracted intervals in	79	„
„ irregularly contracted periods in .	21	„

Bleeding is in some cases the best mode of relieving the inflammatory affections, the general plethora, the flushes, the perspirations, and the constant headaches, by which women are so tormented at this time; but great discrimination is of course required; for of two patients suffering in an equal degree from the same symptoms, one will be injured and another benefited by bleeding, as in the following instances:

CASE XI.—In 1844 the rage for bleeding, developed and fostered in France by the passionate eloquence of Broussais, had subsided in Paris; but it was still often possible to test the ill effects of this pernicious system. About that time I was consulted by a lady, aged fifty-one, tall, thin, with a pallid complexion, dark hair and eyes. She had first menstruated at fifteen, and the function had never been interrupted except by three pregnancies; the amount of secretion was moderate, and the function subsided gradually, being performed for the last time at the age of forty-eight. For some months she felt no inconvenience, but afterwards she was much troubled by flushes and perspirations. She consulted an eminent French physician, who ordered her to be bled ten ounces. A slight improvement followed, but the same symptoms soon returned, which were again interpreted as signs of plethora, and other ten ounces were withdrawn from the arm. This second bleeding made the

patient worse; and when I saw her, the marked ill effects of the treatment made me think that it might have been injudicious. I found the pulse at 75, but as its frequency often increases with advancing age, that alone could not warrant bleeding; besides, it was neither hard nor full. Not being able to explain the pains in the head, the flushes, and perspirations by plethora, I thought the nervous constitution of the patient might in some measure account for them, and I gave anodynes and mild purgatives, and advised a more strengthening diet. The patient rapidly improved, and subsequent relapses derived benefit from the same plan of treatment.

CASE XII.—I was lately consulted by a lady aged fifty-three, of middle stature, sanguine complexion, brown hair, and hazel eyes. She menstruated abundantly for the first time in her thirteenth year, and the function has since been pretty regularly performed, the discharge being usually abundant. While the function was ceasing she was twice seized with flooding, and felt better in health afterwards. Menstruation ceased at fifty-one, and was soon followed by diarrhoea, which came on at irregular intervals, but did not interfere with the appetite and strength of the patient. When that supplementary discharge subsided, heaviness of the head, with giddiness, came on, together with flushes of heat and drenching perspirations. For these distressing symptoms she had consulted several medical men, and had taken large doses of quinine, acetate of lead, and gallic acid, but without benefit. I ordered her to be bled twelve ounces. The vertigo, flushes, and perspirations, abated considerably. I next recommended that the bowels should be kept open by Seidlitz powders; several glasses of effervescing lemonade to be taken in the

course of the day, and a tepid bath for an hour every week. Meat once a day, no beer nor porter, one glass of sherry at dinner, and more exercise to be taken in the open air.

In a month all the painful symptoms had completely disappeared, and the patient remained well for several subsequent months, when, without any apparent cause, the same symptoms broke out again, as with a sudden burst. I ordered eight ounces of blood to be withdrawn, and prescribed the former treatment, with similar good effect; and I should do so again—diminishing as much as possible the quantity of blood to be withdrawn—if a neglect of the prescribed diet, or some unforeseen nervous excitement, should bring on a relapse.

The symptoms experienced by both these patients were similar, but their constitutions were very different. In the last case the patient was of a strong constitution, accustomed to lose considerable quantities of blood, and was relieved by the occurrence. The vigour of her circulation was well proved by the strong impulse of both heart and pulse instead of the flaccid condition of both in the first patient. The one was relieved by sedatives and a strengthening diet, the other principally by bleeding; and I may add that I have seen bleeding remove these symptoms when it was not indicated by a strong constitution, but by the previously-contracted habit of losing a considerable quantity of blood; as, for instance, in women of a slender make and slight delicate appearance, and in those whose nervous susceptibility is great, and in whom, as I have previously shown, we must admit an hæmorrhagic diathesis.

If the utility of venesection is proved in cases similar to the one last related, in which, in these days, its employment would be scarcely thought of, it stands to

reason that the same means, combined with other remedial measures, should be resorted to when the temporary plethora produced by the change of life has given rise to inflammatory affections of the womb, or of the other organs.

At first, sufficient blood should be taken away to make a decided impression on the system. The effects of the bleeding should be aided by the regimen recommended in the last chapter; for doubtless the necessity for bleeding even plethoric women would be considerably diminished if it were not so difficult to persuade them to break through accustomed habits, and if they would consent for a time to diminish the quantity of their food and refrain from what has been shown to be otherwise prejudicial to them. The effect of a first bleeding may also be maintained by the remedial measures already mentioned or to be hereafter described, but it may become necessary about the second or third month again to take a little blood from the patient, and in some rare cases it might even be a third time advisable to resort to it, but a still smaller quantity should be withdrawn.

There is nothing new in this plan: it was that of our illustrious medical ancestors. It was that of Tissot, who seems to have paid great attention to the subject. It was followed by Hufeland, commended by him at the close of his patriarchal career,—and it is still advocated by Meissner, to whom we must accord the credit of expressing the state of medical practice in Germany. A plan sanctioned by such great names commends itself also by the facility of understanding that the well-timed subtraction of a small quantity of blood from the veins of women accustomed for more than thirty years to lose periodically some of the

same fluid, is the best means of preventing or curing diseases originating in the cessation of menstruation, until the constitution has lost the habit of making so much blood, or acquired some safe means of its disposal.

Having shown the utility of bleeding, I now proceed to remark briefly on the different modes in which blood may be taken from a patient.

The effects of venesection seem to be—

1. To diminish the mass and plasticity of the blood, and thereby the amount of caloric produced by the processes of nutrition.

2. To slacken the energy with which it flows to some particular organ, or its momentum.

3. To diminish the congestion of some particular organ.

4. To diminish the intensity of the vital powers.

The effects of leeches are similar to those of general bloodletting, but while they subtract from the system the best blood contained in the capillary system, they cannot give that shock to the system produced by the sudden withdrawal of blood from its containing vessels. Local bloodletting, or the application of leeches to the womb, or to the labia, or even to the anus, are modes of relieving the congestion of the ovario-uterine organs which first suggest themselves, and these applications are often highly valuable in some of the forms of menstrual suppression, but to have recourse to them to relieve the symptoms depending on the cessation of the function, would in general be injudicious, for their employment would tend to maintain a discharge, for which the term fixed by nature has at last arrived. In some very rare cases only can the application of leeches to the womb at that time be sanctioned, as in the following

instructive instance communicated to me by a medical friend:

CASE XIII.—The lady's-maid of a patient, being about forty-five years of age, complained of violent pain in the loins, for which he ordered a mustard poultice; and as the pain continued, he subsequently recommended a blister to the lumbar region. This application was immediately followed by paraplegia, and a neighbouring practitioner, who was sent for in the hurry, gave, as his opinion, that the application of the plaster had determined the paralysis of the lower limbs. Although this assertion was contradicted by another medical man, who had been afterwards called in on account of the persistence of the paraplegia, my friend received several letters from the solicitor of the patient, menacing him with an action; but he set him at defiance, and he heard nothing more of this attempt to make a medical attendant pay for an occurrence impossible to be foreseen. The patient went home to her friends, and a country practitioner, more clear-sighted in this instance than the eminent men of London, putting together the circumstance of the patient's age and the previous irregularity of menstruation, applied leeches to the womb. The result was a gradual diminution of the paraplegia, and now the patient is able to walk with perfect ease. Thus the local application of leeches may be useful to cure disease at cessation; but in general, when it is necessary to draw blood, it should be from the arm.

The practitioners of olden time assert that the effects of bloodletting are very different if the blood is drawn from the arm or from the saphenous vein; at present, however, we look upon such distinctions as hair-drawn. It was formerly the custom to draw blood from the vena saphena, in cases of suppressed menstruation

requiring venesection; but during pregnancy, a practitioner, fearful of producing abortion by following the same course, used to bleed in the arm. When suppression of menstruation takes place in plethoric women, I have often seen the menstrual flow return most favourably after bleeding in the arm; and thus far I think the dogmatists of a former period have over-stated their position; but I would rather be guided by their example in the treatment of those terrible cases of suppression, determining symptoms of cerebral congestion of the greatest intensity, and sometimes speedily followed by death. Instead of bleeding in the arm, I would apply leeches to the labia, and in addition to other treatment, bleed in one or both legs. I mention this incidentally, reserving for another time the facts on which I would ground the practice. At present I treat of diseases of cessation; and with regard to the employment of venesection, there is no disagreement amongst those who sanction the practice; for all recommend the blood to be taken from the arm, thinking that by so doing they not only diminish the quantity and plasticity of the fluid, but even diminish the tendency to congestion of the abdominal organs.

SEDATIVES.

When relating the successive variations of practice which have occurred in the administration of our most valuable medicines, the medical historian will probably state, that during the last thirty years there has been too much timidity in the employment of sedatives, and particularly in that of opium; for the present generation of medical men seem to forget, that often nature only requires to be freed from present pain, to enable an organ to return

at once to the regular performance of its function, without future distress or inconvenience. Is it then necessary to remind the reader, how generally useful sedatives are, that in most diseases they not only assuage the acuteness of pain, but lull excited action to a slower rate of progress, and to a more subdued tone. The bloodvessels serve under the immediate rule of the accompanying nerves; and hæmorrhage as often depends upon their perturbed agency as on any peculiar state of the bloodvessels themselves; and although other measures may be indispensable, the return of such hæmorrhages can only be prevented by a judicious use of sedatives.

We have already seen how useful is opium in the relief of many deranged states of action, particularly in dysmenorrhœa, and the utility of sedatives in diseases of the change of life might be deduced from the great frequency of cerebro-spinal symptoms at the cessation of menstruation. It will be remembered that I stated their frequency to be—

CEREBRAL SYMPTOMS.

Headache, sick-headache, hysteria, and pseudo-narcotism had existed in	64	per cent.
They were augmented in	36	"
„ remained the same in	18	"
„ were less in	10	"
They did not exist in	36	"
	<hr/>	
	100	

SPINAL SYMPTOMS.

Spinal or dorsal pains had existed in	70	per cent.
They were augmented in	46	"
„ the same in	17	"
„ less in	7	"
They did not exist in	30	"
	<hr/>	
	100	

Hypogastric pains of a bearing-down character, referred by women to the womb and ovaries, had existed in	51	per cent.
They were augmented in	30	„
„ the same in	12	„
„ less in	9	„
There were none in	49	„
	<hr/> 100	

This frequency of cerebro-spinal symptoms warrants an equally frequent exhibition of sedatives, and I do not hesitate to say that, under some form or other, they are always required in diseases of cessation. In the milder forms of catamenial headache and pseudo-narcotism they alone suffice to cure, and they always assist the action of bleeding, of purgatives, and of other remedies which may be deemed necessary.

To relieve the cerebral symptoms, which, though cured, so frequently return, I very seldom make use of opium, but on the contrary, give hyoscyamus, the mild action of which permits its being taken longer without producing cerebral disturbance or constipation. When there is any great intensity or persistence of spinal or hypogastric pain, I generally give from thirty to forty drops of vinum opii in three ounces of very thin starch as an enema, repeating the remedy according to the urgency of the case, one, two, or three times a day. Thinking that the outward application of sedatives has been too much neglected, I frequently order the ordinary opium or belladonna plaster to the sacrum, to the loins, and even to the pit of the stomach, whenever the patient complains of a “faint feeling,” or “of sinking at the stomach,” or “of having no inside.” In such cases, I often prescribe a plaster made so as to embody from five to ten grains of opium and the same quantity of camphor to the square inch. Such applications

to the epigastric region are too often said by the patients to give great relief, for me not to believe that sedatives thus applied to so important a centre of nervous force must be worthy of an extensive trial; for it is indeed strange that a region of the body to which patients so often refer their sufferings, the application of a small blow to which causes so much debility, while sudden death is the speedy consequence of its more violent concussion—I mean that epigastric region, considered by the great Galen to be one of the levers of vital force, the *ὑπομόχλιον*,—should remain all but unnoticed by physiologists, unmedicated by therapeutists, and a region almost entirely unexplored. If in my hands the lever has well answered to the touch, how much more, when handled by fingers directed with superior skill, would it enable others to use the innate powers with which we are endowed by nature for the more speedy cure of disease. An additional motive for laying stress upon this point of practice is, that in the profession I have frequently seen an inclination to undervalue the effects to be obtained from topical applications. It was only lately that the well-informed resident officer of one of the public institutions to which I belong, said to me, when I was complaining of my patients not having the plasters I prescribed, “I have too high an opinion of your practice, sir, to think that you can hope to cure your patients by *plastering up disease*.” I own that I felt somewhat disarmed by the compliment.

Dr. Physick used to say that “camphor was made for women, with whom it always agrees, while it always disagrees with men,” thus placing two exaggerations in a small compass; for I have met with women with whom it disagreed, and it agrees with men, who, by their constitution, approximate to women.

Camphor has been so often lauded in the diseases of women, that I may be allowed to add my humble testimony to the value of a remedy, without which I should be at a loss to treat diseases occurring at the cessation of menstruation. I generally prescribe the ordinary camphor mixture as a vehicle for other remedies; but where expense is no object, Sir James Murray's fluid camphor is a preferable preparation.

Descending from these general observations to those of more practical application, I shall give a few cases exemplifying my plan of treatment.

CASE XIV.—Mary B—, a needlewoman, aged forty-eight, with auburn hair and blue eyes, is tall and stout, and has lived always in the country. She applied for relief at the Paddington Free Dispensary, Feb. 6, 1851. She first menstruated without any prodromata, between thirteen and fourteen years of age. It was very abundant from the first, and the function was regularly performed every four weeks, without much pain. She married at twenty-five, had one child, and two miscarriages. For the last eight months, the menstrual flow had become irregular, sometimes very little, at others abundant, and attended by great flushes of heat, perspirations, a great darting pain in the forehead, and a dizzy stupid feeling in the head, with a great tendency to sleep.

I ordered a mixture composed of solution of potash and tincture of cardamoms, of each four drachms, with six drachms of the tincture of hyoscyamus, in six ounces of camphor mixture; a table-spoonful to be taken with a little water ten minutes before every meal; and half a tea-spoonful of bicarbonate of soda, with a little powdered ginger, to be taken in a wine-glassful of cold water, ten minutes after each meal.

I also ordered five or ten grains of the soap and aloes pill, to be taken at night, when necessary, to maintain the free action of the bowels.

This was continued until the 27th February, when, instead of the aloetic pills, I ordered the following powder:—flowers of sulphur, two ounces; bicarbonate of soda, two drachms. A teaspoonful to be taken in a little milk, every night.

Under the influence of this treatment, and perhaps, also, from the occurrence, during the treatment, of a papular eruption, accompanied by intense itching, on both hands and arms, the head symptoms soon disappeared. After a severe accession of influenza, she was again attacked by them, but they again vanished, when the same treatment was had recourse to.

Remarks.—The compound camphorated mixture, as prescribed in this case, is what I usually give, but I vary the proportions of its ingredients according to circumstances, and that it does good is, I think, proved by the fact, that at the public institutions to which I am attached, I am very frequently applied to by my old women, for “some more of the same stuff which did them so much good before.”

The administration of alkalies, which form so useful an addition to the treatment of such cases, improves digestion, and by their action on the blood they doubtless neutralize some of its noxious elements. Their utility will be still further understood, if it be admitted, as I have frequently observed, that notwithstanding the use of diuretics, the urine previous to and at cessation is often secreted in smaller quantity, that it is very muddy, and that the patient suffers from a certain amount of general excitement. This condition of the urine at the change of life reminds me of another very

important phenomenon of menstruation, to which I have not drawn more particular attention, because I have not as yet been able to work out its value; I allude to the state of the urine previous to the catamenial periods, when some of the nervous symptoms of menstruation have already appeared. Since my attention was first drawn to the subject by learning from a patient "that she always knew when she was going to be *poorly*, by her urine being so very muddy," I have made it an object of inquiry. It has often escaped notice, but most women have stated to me that their water was generally thick and muddy two or three days previous to menstruation. This condition of the urine, which, I believe, has never before been noticed, as well as the catamenial diarrhoea, to which I shall allude in treating of purgatives, and the frequency of the nervous symptoms, show indubitably how deep a modification is produced every month in the female constitution. These are the evidences of that species of fermentation admitted to exist at the menstrual periods by Bayle and Etmuller, by De Graaf and Van Helmont: this is the peculiar commotion of the blood which Democritus had in view when he talked of a "*fervor uterinus*." In dispensary practice it is impossible to carry out the investigation of the value of this phenomenon, and to inquire into the nature of the saline deposits alluded to by my patients, but those who being attached to hospitals enjoy the enviable fields of inquiry which charity lends to science in the anticipation of a return, might easily arrive at results which would, I think, be interesting to the physiologist.

I usually give the sesquicarbonate of soda, bicarbonate as it is now called in the new pharmacopœia of the College of Physicians, because it is convenient, cheap, and not unpalatable. After the first few days,

I give it only once or twice a day. In mild cases, and in those of long standing, I continue this treatment for a month, and then leaving it off for a fortnight, resume it again, combining its influence with that of a tepid bath every week, with sponging the head several times in the day with cold vinegar-and-water, or camphorated water, and having the feet put for a quarter of an hour every other night in hot water.

It may be said that the preceding case was slight, and that although my treatment did no harm, time alone cured the patient; but the following case will be better calculated to show its efficacy.

CASE XV.—Eliza P——, aged forty-seven, tall and slender, with dark hair, hazel eyes, and nervous appearance, has always lived in London, and is in comfortable circumstances. Menstruation after three months of pseudo-narcotism appeared between thirteen and fourteen. Regular from the first, it came every three weeks, in moderate quantity, and without any pain. She married at sixteen, miscarried three times, had seven children, and menstruation ceased, with a terminal flooding, at forty-four, after eighteen months of menstrual irregularities. About a year ago she was troubled with nervous symptoms similar to those I am about to describe, and followed by copious hæmoptysis, which relieved her. The patient often suffers much from faintness, flushes, perspirations, and lately, to a slight degree, from bleeding piles. She looks exhausted, stupid, and bewildered, and says, that for the last few weeks her head has been “as heavy as lead,” with noises and great giddiness. Every now and then she feels a burning heat run across the chest, and through the body, and then follow profuse warm perspirations from the chest only. She compares her sensations to those by which the hæmoptysis was preceded.

I first saw her on April 3, when I ordered the same treatment as to the former patient, with the exception of six drachms of tincture of henbane to the six-ounce mixture, of which a table-spoonful was to be taken four times a day. I also ordered a large plaster of opium and camphor to be placed over the pit of the stomach and the lower part of the chest.

5th.—Much better, but weak, the pains in the chest are removed.

7th.—A little better. A slight vesicular eruption has appeared on the back of the left hand. She fainted twice yesterday. I added to the mixture one ounce of spirit of nitric ether, and in other respects I continued the same treatment.

24th.—She looks quite another person, walks firmly, and only feels the pains and noises in the head at rare intervals. For the last few days her whole skin is in a state of moist perspiration.

June 12th.—The patient is very well; the pains in the head have almost entirely left her; she feels well, and has grown stouter.

While under the influence of the same treatment the patient is well, but when she leaves it off there is a slight return of the same symptoms, thus affording evidence that, in this case at least, it was to the treatment and not to time, or to the unassisted operations of nature, that the patient owed her restored health.

In conclusion, I feel bound to state, that by combining the use of sedatives with that of other remedies, it is possible to remove any amount of pseudo-narcotism, and as this treatment, with short intermissions, may be continued for months, it is well calculated to allay some of those tedious ever-occurring infirmities which beset women at the last great crisis, and parti-

cularly that pseudo-narcotism, which, as I have already stated, sometimes causes them to be falsely accused of consoling the decline of life by an intimacy with Bacchus—a gentleman not generally admitted into ladies' society. To ladies, to all women, this is, of itself, a matter of serious importance; but the beneficent use of sedatives will be fraught with even a higher import to the meditating medical philosopher. By their judicious, more frequent, and more continued use, may they not be made more available than hitherto, in withstanding the over-stimulating effects on the nervous system of our present civilization, arresting in its bud that tendency to mental derangement, which, if statistics are to be depended upon, occurs more frequently in women than in men? There is a yellow poppy which expands its gaudy petals alike in Arctic regions and in sultry southern climates, thriving in both extremes of temperature, as if intended to point out the utility of sedatives to man by the constancy of their companionship, whatever latitude he may inhabit.

ON PURGATIVES.

Amongst the vicarious diseases by which nature enables the system of women to right itself, diarrhœa is one of the most frequent; as it forms an immediate diverticulum for that periodic flow of fluid which has now outlived its utility; and as it is also the most convenient local depletion by which we can habitually relieve the system, the employment of purgatives at this stage of the menstrual function fully deserves the confidence which the profession has long accorded to the practice, and the sanction which Fothergill has given to it in a well-known contribution to medical literature. The utility of purgatives has become so much a matter

of popular, as well as of medical belief, that both patient and medical attendant too often confide in them alone, to the neglect of the other important means I have already alluded to. This mode of treatment is one of nature's own suggesting, for it was found that diarrhœa occurred at cessation in the following number of instances :

Diarrhœa existed in	12 per cent.
„ was irregular in	8 „
„ was regular, by coming on every month, in 4 „	„

I might give numerous cases in proof of the utility of this occurrence, but I will merely state the following.

CASE XVI.—Catherine M., aged fifty-three, tall, thin, with dark hair, grey eyes, and palid complexion, was born in Ireland, but for the last thirty-five years has resided in London. She menstruated very abundantly at between fifteen and sixteen years of age, was regular from the first, and continued so for three or four days every three or four weeks, with so little suffering that “she never felt them come nor go.” She married at thirty-three, miscarried three times, and bore five children, the last at forty-seven; and menstruation, which had been irregular a year previous to conception, never returned after that event. The patient was generally relaxed during the menstrual epochs. During her last pregnancy, and after her confinement, she frequently had three or four stools a day, without pain or loss of appetite, and since then diarrhœa has come on every three or four months, with intermittent flushes and drenching perspirations. For the last twelve months she has been relieved six or seven times a day, until lately, when she has only been so once in two days, and has ever since suffered from heat, and oppression at the pit of the

stomach, from wind, nausea, and want of appetite, but her tongue is perfectly clean and healthy. I adopted the treatment given in the previous cases, and when the action of the bowels became freer the patient got better.

By imitating nature to a certain extent, as in this instance, it is often in our power to cure the milder cases, and to prevent the return of the more serious diseases.

The utility of purgatives at cessation is further shown by the very intimate relation which I have proved to exist between the generative and intestinal canals. The following table, extracted from a paper already referred to,* embodies the results I have obtained.

STATE OF THE BOWELS DURING HEALTHY
MENSTRUATION.

<i>Author's latest list :</i>		Number of Observations.
Relaxed before the time	22	
„ at the time	44	
„ before and after	11	
„ after	1	
	—	78
Confined before the time	4	
„ at the time	23	
„ after	1	
	—	28
Unaltered : regular as usual	77	
„ confined as usual	2	
„ relaxed as usual	3	
	—	82
		— 188

* On Catamenial Diarrhoea, by E. J. Tilt, *London Journal of Medicine*, August, 1851.

Author's first list :

	Number of Observations.
Relaxed before the time	45
„ at the time	31
„ before and after	10
„ after	2
	— 88
Bowels confined	73
	— 161

Dr. Butler Lane's list :

Bowels relaxed	33
„ confined	45
State of bowels unaltered	22
	— 100
	<hr/>
	449

On adding the totals of the two lists to that of Dr. Butler Lane, four hundred and forty-nine observations are obtained, out of which it would at first appear that some kind of intestinal disturbance during menstruation was absent only in one hundred and four instances; but I consider this proportion to be smaller than what is really the case, from the fact of my not having been sufficiently minute in my inquiries of the seventy-three women referred to in my first list as having their bowels confined. If I had asked them whether the bowels were in their usual state, or more confined, I should probably have elicited results similar to those set forth in the latest list. It would appear, then, that some kind of intestinal derangement may be expected during menstruation in about seventy-five per cent. Diarrhoea occurred at some time or other in one hundred and ninety-nine instances out of the four hundred and forty-nine, so that this symptom may be expected in about fifty per cent. The frequency of constipation, for reasons already given, cannot therefore be inferred from the author's first list, nor from Dr. Butler Lane's, which

is even less explicit, and further inquiry is necessary before I venture to assert that my latest list is a truthful representation of a physiological fact.

This shows most forcibly how much it is necessary for us *to know* before we are in a position *to inquire*; and I am the first to confess, that although obliged to attach some value to researches which, to my knowledge, have never before been conducted on so extensive a scale, the principal value I ascribe to them is their having prepared me for continuing the same inquiry more fruitfully hereafter.

Returning to the subject, I shall remind the reader that it has been shown that the two contiguous mucous surfaces of the uterine and the intestinal canals react on each other, in the normal state, in such a manner that the process of menstruation deranges the intestinal secretions; while, on the other hand, it is notorious that diarrhoea deranges the menstrual discharge, bringing it on when it should not appear, and prolonging it beyond its proper time. These contiguous surfaces being relieved by the same vessels, and animated by nerves either derived from the same ganglionic nervous plexuses, or from the same portion of the spinal cord, when the uterine discharge is arrested, the nervous energy and the sanguineous current which used thereby to find vent, flows of a necessity to the intestinal surface, for the veins of the uterus communicate mediately with the portal system. This cannot occur without determining various derangements, usually expressed under the terms biliousness, indigestion, flatulency, acidity, diarrhoea, and costiveness.

Dr. Butler Lane's observations on the coincidence of the derangement of the biliary secretions at the change of life agree with my experience:

“Nothing can be more common than to find severe biliary derangement occurring at or about the period of menstrual secession; and looking at the great physiological change which then takes place in connexion with hepatic development, it is naturally to be expected. A woman will complain of being bilious—viz., there may be a bitter, oily taste in the mouth, a sensation of burning in the throat, frontal headache, nausea, and even vomiting, the urine high coloured, the bile abounding in the alvine dejections, and perhaps causing heat and a stinging sensation in the rectum, the tongue furred, a biliary tinge pervading the cutaneous surface, &c. &c. Such symptoms, or a modification thereof, often mark the great and important vicissitude which takes place in the female economy at the influential epoch in question, and the due appreciation of the symptoms made manifest, their ascription to the real source, and their judicious treatment, medicinal and dietetic, are of the highest consequence to the future welfare of the patient. I suspect that a great majority of those distressing maladies to which the uterus and its appendages become liable in life, might be traced in their origin to neglect and maltreatment at the critical period.”

Such a state, in which a cursory dose of calomel or a pill and draught are often beneficial, shows the utility to be derived from the systematic use of purgatives at the period of cessation; but this is, of course, no reason for throwing aside other remedies, and neglecting the observance of the wholesome sanitary measures already inculcated in the foregoing pages.

When and how must purgatives be administered?

At that truly critical period of the lifetime of woman, comprised between that when the menstrual function begins to be normally irregular and the epoch of its

cessation,—a period which women appropriately call the dodging-time,—purgatives are useful, no doubt; but we must remember that the menstrual function sometimes ceases by a gradual diminution of the quantity of the secretion and the time it occupies; sometimes by a series of irregularities in the quantity, quality, and epochs of its appearance; sometimes by a terminal flooding. Although nature occasionally chooses this last termination, we have no right to risk the possible dangers of its induction by the exhibition of purgatives which are energetic in their action. It seems to me injudicious to give purgatives just before the menstrual epoch, for they might increase the flow which nature seeks to diminish; on the contrary, it is more prudent to prescribe the frequent use of the milder opening medicines, which may diminish by degrees the plethora of the abdominal viscera.

In some women after cessation the stock of vital productivity is fairly exhausted, and purgatives are not absolutely required; but in most there is a superabundant nervous energy and a superabundance of blood, for that supply, which was formerly sufficient for the maintenance of both mother and offspring, can thenceforth only be expended on the woman's frame, in which the circulating system tends to assimilate to that of man.

This superabundance of blood and nervous energy may, after cessation, be often kept under by the frequent use of purgatives given habitually in small doses; for the intention is not to bring on a return of the menstrual discharge, but to diminish abdominal plethora, and the necessity for that plethora, seeking a less manageable safety-valve; and as it may be many months before the constitution can settle down, it would be advisable to

consult the patient as to what medicine she has best tolerated.

With respect to the purgative to be prescribed, much depends on the patient's constitution; for as a long continued action will be required, it is better to make use of some mild purgative, which has been found to agree with the patient.

I frequently prescribe the soap and aloes pill of the E. Pharmacopœia, ordering five or ten grains to be taken with the first mouthful of food at dinner. Hæmorrhoidal affections I have seldom seen *caused* by this frequent use of aloes, but I have seen them *relieved* by it; and as I read in Giacomini's treatise of materia medica that my experience on this point is similar to that of Avicenna, Stahl, Cullen, and his own, so I think there must be some exaggeration as to the extraordinary property generally ascribed to this valuable drug, which can be associated with hyoscyamus, and is then said to be less liable to induce piles.

Kemp and Hufeland recommend the following powder to be given to those who are advanced in years, and who complain of a tendency to vertigo: Guaiacum resin, cream of tartar, of each half a drachm, to be taken at night. This, no doubt, will sometimes be found a useful laxative; so will the popular remedy called the Chelsea Pensioner, of which Dr. Paris has given the following formula in his excellent Pharmacologia: Of guaiacum resin, one drachm; of powdered rhubarb, two drachms; of cream of tartar and of flower of sulphur, an ounce of each; one nutmeg finely powdered, and the whole made into an electuary with one pound of clarified honey: a large spoonful to be taken at night.

I generally administer the flower of sulphur alone, or else to each ounce of it I add a drachm of sesqui-

carbonate or biborate of soda, and sometimes from five to ten grains of ipecacuanha powder. One to two scruples of these powders, taken at night in a little milk, is generally sufficient to act mildly on the bowels, and I consider such combinations very valuable when a continued action is required.

Sulphur is generally classed amongst purgative remedies because such is its visible action, but I believe that it owes its chief value, in diseases of cessation, to another action, much more difficult to understand, and which has long rendered it so valuable both in hæmorrhoidal affections, where there is an undue activity of the intestinal capillaries, and in skin diseases marked by a morbid activity of the cutaneous capillaries. Whether sulphur cures by acting on the nerves or on the blood-vessels, or by modifying the composition of the blood itself, is difficult to tell, but it does certainly cure the diseases enumerated. It forms part of many popular remedies for the infirmities of old age, was recommended by Hufeland, and is lauded by Dr. Day in his work "On the Diseases of Old Age;" but its utility is not sufficiently known in all derangements of the menstrual function, at whatever period of life they may occur, and particularly at the change of life, when, if required, its administration may be continued with impunity for months and years.

LOCAL TREATMENT.

Nothing can be more erroneous than to consider a leucorrhœal discharge occurring after the cessation of menstruation as indicating a serious disorder of the womb, requiring local examination and caustic applications; for, as has been shown, inflammatory diseases of

the womb generally lose their intensity and become less frequent when the generative apparatus is affected with a species of atrophy. A discharge occurring at that time is rather to be considered as a preventive of more serious disturbance. It will be remembered that I found the frequency of leucorrhœa to be as follows:

Leucorrhœa had existed in	58 per cent.
„ was augmented in	44 „
„ was stationary in	8 „
„ was diminished in	6 „

The rule I adopt in such cases is not to check but to regulate this vicarious discharge by increasing the solubility of the bowels and the habitual moisture of the skin. Frequent lotions with tepid water may be recommended, but I very rarely order injections of tepid or cold water, and even when these are necessary, seldom with the addition of any astringent substance.

If, however, the discharge be very abundant, smells offensively, and has an acrid action on the skin, if it be accompanied by a great amount of lumbar and sacral pains, it is most probably secreted from an ulcerated surface of the womb, and it would be the height of absurdity not to ascertain, by a proper examination, what is the real nature of the case. If it be a cancerous affection, it is better to know the worst, but, as in the case of Frances W—, p. 87, it may be only one of those inflammatory affections of the womb, which, however much they resemble cancer in some of their outward appearances, nevertheless admit of rapid and radical cure by those surgical applications, which my venerable teacher, Professor Recamier, of Paris, first introduced into practice some forty years ago.

Such cases are of rare occurrence, but when they do happen, they require local as well as general treatment;

and if I had not already protracted this essay to a greater length than I at first intended, it would be easy to prove this position by cases from my own practice.

I have passed in review the principal remedial measures by which diseases incidental to the change of life can best be treated. There are others, valuable perhaps, but which have now lost the importance attached to them when the medical mind was instinct with other theories than those now in vogue.

Thus, Gardanne, in 1816, was of opinion that "no remedies are more useful in diseases of cessation than blisters, issues, and setons." Now, I must own that on account of the subjection these remedies entail, and the real infirmities they create, I participate in the prejudice entertained against them by women, and for this very reason I should be sorry if my not adopting them should in any way diminish the good opinion others may entertain of their efficacy. What has been said in praise of alkaline preparations, of baths, of exercise, and of the advantage of a studious cultivation of the pleasures of nature, rather than those of society, by women at the change of life, will clearly point out, how the combination of all these agencies, as they are to be met with in so many agreeable watering-places, both at home and abroad, may be made serviceable for the cure and prevention of disease. For those blessed with ample fortunes, the safely getting over a critical period of life, and the remodelling of a constitution so that it may endure for many years, might be made a mere pastime if proper directions had been given by those who have written on mineral waters, respecting the nature of the springs to be recommended and the manner of taking them ; but unfortunately this has not been done. The medical attendant at each

medicated spring becomes imbued with so strong a feeling of idolatry for his own Egeria, that we cannot help smiling at the tales of wonder he recounts; but few of these wondrous tales relate to the utility to be derived by women at the change of life from these mineral waters; and I have even sought in vain in Mr. Edwin Lee's valuable continental medical guide, for the precise information on that matter which patients so much require. During a long residence in France, Germany, and Italy, I paid great attention to the subject; but the law of the just proportions between the component parts of a work, however small, an appreciation of which has already prevented my entering so fully as I am prepared to do into the study of pseudo-narcotism, and of other interesting phenomena of menstruation, now again forbids my writing a long chapter on mineral waters. I shall therefore merely give the following general propositions:

A. That whatever mineral water is given, it should be in the mildest form, otherwise much mischief may be done, by causing fever to come on at night, or by inducing a state of nervous excitement.

B. That according to the different cases do patients derive most benefit from the alkaline waters, from those containing carbonic acid gas, or from the sulphureous springs, but rarely if ever from the ferruginous waters.

C. That the baths should only be taken of a temperature imparting a grateful sensation, and, notwithstanding the rules of the Establishment, they should not be continued for more than half an hour at a time.

D. That, generally speaking, patients will derive more benefit from bathing in sulphureous waters three or four times a week, than from taking them internally.

E. That, on the contrary, patients will in general derive more benefit from drinking those alkaline or effervescing waters, which induce a slight solubility of the bowels, than from bathing in them.

F. That, as it is often recommended to bathe in the sulphureous, while an alkaline or effervescent water is to be taken at meals or during the day, it is not without advantage to resort to those watering places which combine a variety of springs.

CONCLUSION.

A feeling of anxiety and a sensation of painful suspense generally comes over us on approaching the termination of any serious undertaking. The intimate acquaintance with the many failings of our own work—the fear lest the last step should not even be equal to the preceding ones—hovers over us all, and makes us understand the meaning of the Chinese proverb, “When ten steps are to be made, the ninth is half the distance.” In this instance, I know not why I should fear to take the tenth, the last, the irretrievable step; for my works have been courteously received by the profession, and although this is but a little book, I know from personal experience that it contains a sufficient amount of practical matter, to prevent my publishing it being deemed entirely useless.

Gathering honey from many flowers, the humble bee at last collects its treasures into some common cell,

where they may be made serviceable for the public good. Imitating its example, I have, as I proceeded, gathered from every chapter the honey of good advice, which I now accumulate into one general store, trusting that many will appropriate and impart it to those placed within their sphere of professional influence :

- I. TO KEEP A GIRL IN THE NURSERY AS LONG AS POSSIBLE.
- II. NOT TO LET HER BE TAKEN UNAWARES.
- III. NEVER TO SEEK TO DETERMINE FIRST MENSTRUATION BY FORCING MEDICINES.
- IV. NEVER TO GIVE OR TAKE FORCING MEDICINES TO PROMOTE THE REAPPEARANCE OR THE INCREASE OF THE MENSTRUAL FLOW.
- V. NEVER TO GIVE OR TAKE PURGATIVES DURING THE WEEK BEFORE AND AFTER MENSTRUATION, UNLESS BY MEDICAL ADVICE.
- VI. NEVER TO ALLOW A DAUGHTER'S CONSTITUTION TO BE UNDERMINED BY PROFUSE OR VERY PAINFUL MENSTRUATION, OR BY PERMITTING IT TO RETURN AT SHORTER PERIODS THAN ONCE A MONTH.
- VII. NEVER TO BE SO RECKLESS OF HER OWN, OR HER DAUGHTER'S, HEALTH, OR SO UNJUST TO HER MEDICAL ADVISER, AS TO LET HIM PRESCRIBE IN IGNORANCE OF HER STATE.
- VIII. A RESPECT FOR WHATEVER MAY HAVE RECEIVED LIFE.
- IX. A KNOWLEDGE OF THE POSSIBILITY OF MENSTRUATION CONTINUING DURING PREGNANCY, AND OF

THE DANGER OF CONFOUNDING THIS WITH OTHER SANGUINEOUS UTERINE DISCHARGES.

- X. A KNOWLEDGE OF THE POSSIBILITY OF MENSTRUATION CONTINUING DURING LACTATION, WITHOUT IN ANY WAY FORBIDDING IT.
- XI. A KNOWLEDGE OF THE REALITY OF THE DANGERS BY WHICH THE CHANGE OF LIFE IS ATTENDED.
- XII. A CONVICTION THAT THESE DANGERS CAN FOR THE MOST PART BE AVOIDED BY A JUDICIOUS LINE OF CONDUCT.

THE END.



BY THE SAME AUTHOR:

I.

THE SERPENTINE

“AS IT IS” AND “AS IT OUGHT TO BE,”

AND

THE BOARD OF HEALTH

“AS IT IS” AND “AS IT OUGHT TO BE.”

LONDON:

JOHN CHURCHILL, PRINCES STREET, SOHO. 1848.

II.

ON DISEASES OF MENSTRUATION

AND

OVARIAN INFLAMMATION,

IN CONNEXION WITH STERILITY, PELVIC TUMOURS,
AND AFFECTIONS OF THE WOMB.

“Dr. Tilt’s views on the pathology of the ovaries are likely to modify and improve the present treatment of uterine disease. He could not have selected a subject more difficult as to its practical details, and we regard it as a seasonable and valuable publication, well deserving the attentive perusal of those who are interested in obstetric medicine.”—BRITISH AND FOREIGN MEDICAL REVIEW.

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“From a careful perusal of Dr. Tilt’s work, we feel fully justified in affirming that in none other will be found so complete an account of the various ways in which sterility is produced by the action of inflammation on the ovarian tissues; of the importance of ovarian peritonitis as a cause of disordered menstruation; or of the influence of ovarian inflammation in the production of uterine disease: facts forcibly exemplified, and shown to be not mere conventional probabilities, but events of common occurrence. Investigating a subject beset with extreme difficulties, Dr. Tilt has given the profession a work of real practical value, which we consider to be indispensable to all those who attend to the diseases of women.”

QUARTERLY MEDICAL RECORDER.

“In our opinion, the work of Dr. Tilt is one calculated to do much good. By collecting and arranging in a systematic form the facts and observations in relation to the affections of which he treats, he deserves our thanks: and by the additional observations he has furnished, and the views he has advanced, he has unquestionably prepared the way for a more accurate acquaintance with ovarian pathology, and a more rational management of some of the most distressing and heretofore unmanageable, of the diseases of the reproductive organs in the female.”—AMERICAN JOURNAL OF MEDICAL SCIENCES.

“We recommend the work of Dr. Tilt, both on account of the practical importance of the subject of which it treats, and the lucid and logical manner in which the novel doctrines advanced in it are deduced from premises that are certainly undeniable.”—LANCET.

“Dr. Tilt has, we think, brought forward sufficient evidence of the important part which inflammation of the ovaries exerts in occasioning derangement or disorder of menstruation; and his work is calculated to prove of much service, by calling the attention of practitioners to these organs. We recommend it to our readers, convinced that the principles laid down in it will lead to a more correct, and therefore a safer line of practice in a large number of cases.”

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